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# Quarterly Report 4

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APPS	Health Agreement Political Parties
ARH	Ayacucho Regional Hospital
ANGR	National Assembly of Regional Governments
CDMI	Distribution Centers of Drugs and Supplies
CEPLAN	National Center of Strategic Planning
CIES	Consortium for Social and Economic Research
CPT	Current Procedural Terminology
CTIN	National Health Insurance Implementing Committee
CTIR	Regional Health Insurance Implementing Committee
DARES	Strategic Resources Management Directorate
DIGEMID	MOH Health Supplies General Directorate
DISA	Sub-Regional Health Directorate
DGSP	MOH Persons-Health General Directorate
DGRH	MOH Human Resources Development General Directorate
DO	MOH Decentralization Office
DGPM	MOF Planning General Directorate
FP/RH	Family Planning and Reproductive Health
HIS	Health Information System/s
HHR	Human Resources for Health
HN	Health Network
IHC	Intergovernmental Health Committee
IDB	Inter-American Development Bank
IT	Information Technology
ILO	International Labor Organization
JUNTOS	Cash-transference Program in Support of the Poorest
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCLCP	Concerted Group for the Reduction of Poverty
MEF	Ministry of Economics and Finance
MOH	Ministry of Health
MN	Health Micro Network
NDI	National Democratic Institute
NGO	Nongovernmental Organization
OGEI	MOH Statistics and Informatics General Office
OGPP	MOH Planning and Budgeting General Office
PAHO	Pan American Health Organization
PARSALUD	Support Program of Health Reform
PCM	Prime Minister's Office
PEAS	Essential Health Insurance Plan
REMURPE	Network of Rural and Urban Municipalities of Peru
RENIEC	National Office for Identity Registration
RG	Regional Government
RHD	Regional Health Directorate
SECCOR	Secretariat for Coordinating the National Health Council
SETEC	Technical Secretariat of UHI Implementing Committee
SEPS	Supervisory Instance of Health Providers
SD	Decentralization Secretariat
SGP	Secretariat of Public Management
SIAF	Integrated Financial Management System
SIGA	Integrated Management System

SIS	Integrated Health Insurance Program
SISMED	Integrated System of Medical products and Supplies Management
SISFOH	Household Focalization System
SRHD	Sub-Regional Health Directorate
UHI	Universal Health Insurance
USAID	United States of America Agency for International Development

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## 1. Introduction

The last quarter of the year was marked by the political campaigns and elections of regional and local authorities in 26 regional governments and more than 1800 provincial and district governments. New authorities will begin their governmental period of four years on January 1<sup>st</sup>, 2011.

Below is a table with the names and political parties of the Regions where the project is working. In four of these regions –Apurímac, Ayacucho, Cusco and Huanuco- new Regional Presidents were elected, three of them representing regional political movements and one representing a national political party. In San Martín and Ucayali –where the project will start activities next year- the Regional Presidents were re-elected in approval of their previous performances.

The number of members of the Regional Councils is variable depending of the number of provinces and population size. In Apurímac, Ayacucho, San Martín and Ucayali, the regional President will have the support of the majority of regional counselors, representatives of their same political parties. This will not happen in Cusco and Huanuco, where there is no majority and the Regional Counselors represent the whole variety of political groups of the Region.

**Table 1: Regional Authorities Starting January 1<sup>st</sup>, 2010**

Region	President	Vice-President	Political Organization	Members of the Regional Council	
<b>Apurímac</b>	Elías Segovia Ruiz	Efraín Ambia Vivanco	Poder Popular Andino	7	Poder Popular Andino (4) Movimiento Popular Kallpa (3)
<b>Ayacucho</b>	Wilfredo Ocorima Núñez	Efraín Pillaca Esquivel	Alianza para el Progreso	13	Movimiento Independiente Regional Todos con Ayacucho (8) Alianza para el Progreso (4) Musuq Ñan (1)
<b>Cusco</b>	Jorge Acurio Tito	René Concha Lezama	Gran Alianza Nacionalista Cusco	16	Gran Alianza Nacionalista Cusco (4) Movimiento Regional PAN (4) Restauración Nacional (3) Movimiento Regional Acuerdo Popular Unificado (2) Autogobierno Ayllu (1) Partido Democrático Somos Perú (1) Unión por el Perú (1)

<b>Huánuco</b>	Raúl Picón Quedo		Partido Democrático Somos Perú	13	Movimiento Político Hechos y no Palabras (9) Movimiento Independiente Regional Luchemos por Huánuco (2) Acción Popular (2) Partido Democrático Somos Perú(1) Alianza para el Progreso (1)
<b>San Martin</b>	Cesar Villanueva Arévalo	Javier Ocampo Ruiz	Nueva Amazonia	12	Nueva Amazonia (7) Partido Aprista Peruano (3) Acción Regional (1) Alianza para el Progreso (1)
<b>Ucayali</b>	Jorge Velasquez Portocarrero	Carlos Henderson Lima	Integrando Ucayali	9	Integrando Ucayali (5) Todos Somos Ucayali (3) Ucayali Region con Futuro (1)

During this quarter, Project activities were simultaneously implemented at the national and regional levels, specifically Apurimac, Ayacucho, Cusco, Huánuco and San Martin.

The Project continued fostering political parties' dialogue with the discussion of new health issues, as the increase of chronic diseases and the main problems of health workforce. An end-of –year meeting of this group was held on December 29, where the main leaders and representatives of 16 political parties renewed their commitments to continue looking for policy consensus during the national political campaign of 2011.

To strengthen and expand decentralization of the health sector, the Project focused its technical assistance to the MOH Decentralization Office (DO) and the Intergovernmental Health Committee (IHC) in the elaboration of technical proposals discussed within the three IHC working groups –health insurance funding, health career and health decentralization-. The Project also facilitated the IHC assembly meetings conducted by the Minister of Health, with participation of all MOH Directors and the 26 Regional Health Directors (RHD).

To support the National Assembly of Regional Presidents (ANGR), the Project appointed a full time advisor in health financial issues. The technical assistance was directly provided to the ANGR President who participated in the IHC meetings, as well as in the National Health Insurance Implementing Committee (CTIN) and Secretariat (SETEC). On time advice was provided to the ANGR President during the discussion of universal health insurance (UHI) implementation and health insurance (SIS) payments to the Regional Governments, which ended in successful agreements during the last 2010 IHC meeting.

At the regional level, the technical assistance in decentralization was focused in the reorganization of San Martin RHD, the elaboration of the organizational redesign of Cusco RHD, and the re-delimitation of health networks and micro networks in Apurimac and Huánuco.



In support of a jointly planning process at the local level, within the framework of Ministry of Finance (MEF) incentives program to local governments, the Project supported the RHD of San Martin, Huánuco, Cusco and Ayacucho in the organization of workshops with local authorities to analyze goals accomplishments and budget allocation looking for the reduction of chronic malnutrition.

To advance in the elaboration of multi-year health investments plans at the regional level, the Project finished the elaboration of the guidelines and excel worksheets that shall be validated in one region next year. It was suggested by the MEF that this methodology shall be part of 2011 budgeting cycle of the regional government, agreeing to issue the necessary norms to facilitate its implementation.

To ensure efficiency and equity in health resource allocation the Project provided technical assistance to Cusco RHD and CTIR in the analysis of financial gaps for UHI implementation, and to San Martin RHD in the analysis of financial flows, suggesting some changes to guarantee expenditures quality control. At the national level, the Project team focused its activities in the elaboration of a Health Financing technical report, which included alternatives and recommendations for the sustainability of the health insurance policy as well as to improve efficiency in the allocation of resources by clarifying formal rules regarding the main health financing functions: revenue mobilization, pooling and strategic purchasing. The chapter on Fiscal Space analysis showed the availability of fiscal resources -without jeopardizing National Government fiscal position- to cover in a gradual and sustained manner the public financing gap for health, mainly for universal health insurance, which amounts to 0.6% of GDP (NS/ 3 billion).

The Project continued updating national data standards of provider health information systems, providing technical assistance to the MOH in the revision of the catalogue of medical procedures and the institutional agenda for the start-up of a technical committee in charge of planning and developing interoperability standards.

To improve GalenHos – Hospital software, new models were developed by Project partners: outpatient care, inpatient care, emergency care, pharmacy, and billing. In the development of GalenHos-Primary Care, some characteristics were defined: data entry units are located at health centers, registration of information is patient-based,

rather than program-based, and data to be entered has at least three primary origins: individual, family and community.

In supporting the design and implementation of a broad-based system for planning and managing health workforce, the Project advanced in the preliminary proposal of Health Care Path, the design of a Health Human Resource (HHR) planning system and the design of a management system based on competencies. This last one consists of 8 macro-processes: planning, job design and work organization, labor management, performance management, capacity building, compensation management, management of relationships, and management of the HHR system. This design was shared with local technical teams of San Martín, Ayacucho and Huánuco RHD, where the authorities were committed with the validation and implementation of part of the system.

In support of the regional action plans to improve the quality and availability of pharmaceuticals, important advances were achieved in the implementation of distribution centers of drugs and supplies (CDMI) in Apurímac, with the purpose to decentralize the distribution of drugs from the central location to the Micro Networks. Two directorial resolutions released in November, defined the implementation of the CDMI and its operating policies, and five CDMI were inaugurated in December.

To design a regional system to plan and forecast pharmaceutical needs, it was developed a proposal to establish a programming methodology, allowing a better rationale for purchasing, aimed at optimizing the use and availability of financial resources with the physical needs of medicines and supplies.

Finally, the Project assisted the MOH in the validation of the health insurance package (PEAS) comparing clinical procedures with the national essential drugs list; already advanced by more than 95%.

During this quarter, the Project has trained and/or provided technical assistance to 1,613 individuals, 76% percent at the regional level. There has been a great participation of women in the technical assistance activities of the Project, in a proportion of 42%

**Table 2: Number of participants to technical and training activities per Region**

Region	Number of participants			Percentage
	Women	Men	Total	
<b>Lima - National</b>	91	299	390	24%
<b>Apurímac</b>	77	72	149	9%
<b>Ayacucho</b>	38	41	79	5%
<b>Cusco</b>	159	230	389	24%
<b>Huánuco</b>	94	79	173	11%
<b>San Martín</b>	214	219	433	27%
<b>Total</b>	673	940	1613	100%

The Project activities that accumulated the greater number of participants were the workshops with regional and local authorities looking to agree on their common goal of reducing infant chronic malnutrition thru a joint programming and the best use of the incentives being received by the municipalities. These activities will continue during the next year, starting with the sensitization of the new regional and local authorities.

**Table 3: Number of participants to technical and training activities per CLIN**

Region	Number of participants			Percentage
	Women	Men	Total	
<b>Governance – decentralization</b>	181	213	394	24%
<b>Governance – political parties</b>	52	198	250	15%
<b>Governance-programming local incentives</b>	250	314	564	35%
<b>Financing</b>	37	46	83	5%
<b>Information</b>	32	35	67	4%
<b>Human Resources</b>	66	84	150	9%
<b>Medical supplies</b>	55	50	105	7%
<b>Total</b>	673	940	1613	100%

A detailed description of activities is presented in the following lines, per each of the Project five components.

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## **1. Health Sector Governance**

### **1.1. Strengthen and expand decentralization of the health sector**

In this quarter the Project has focused its technical assistance to the MOH Decentralization Office (DO) in supporting the Intergovernmental Health Committee (IHC) functioning. At regional level the technical assistance was centered in the San Martin RHD reorganization, the elaboration of Cusco RHD organizational redesign, and the re-delimitation of health networks and micro networks in Apurimac and Huánuco. Small advances were accomplished in the discussion of the distribution matrix of health functions between the three governmental levels. It is pending a meeting between the different actors to agree on the mechanisms for this discussion and negotiation. The Project also began technical assistance to the Network of Urban and Rural Municipalities of Peru (REMURPE) in order to develop a local health decentralization agenda.

#### **1.1.1 Health sector issues have been debated publicly in the political transition at the national and regional level**

The coordination committee of the Health Agreement of Political Parties (APPS) has continued working to propose an agenda for the new government period 2011-2016. Initially, the political parties prepared and submitted their respective statements, based on the agreement signed in 2005-2006, as well as raised their proposals for the new health agenda. In general terms, the statements showed the progress to date made in each subject, that is, maternal health, child health, communicable diseases, public participation, drugs, health financing, health's decentralization and health's insurance. Moreover, the statements showed the outstanding issues that need to be addressed in a new government.

After the presentations, the political parties' statements were systematized according to three issues: health determinants, health priorities and health system strengthening. On this basis, the political parties prioritized the themes that will be

developed as part of the agenda 2011-2016. Finally, the selected two topics were non communicable diseases and human resources.

The current state of non-communicable diseases was presented, during a working session, by representatives of the MOH and the Pan American Health Organization (PAHO), each one presenting his own perspective. During a second session, the current state of health's human resources was presented, also from the perspective of a MOH representative and the perspective of the academy.

The Project provided technical assistance to the coordination committee in the use of communication resources through social networks as a mean to promote dialogue of political parties with citizens, to spread the agreements reached, and to receive comments and inputs from their constituencies and citizens.

#### **1.1.2 The Intergovernmental Health Committee (IHC) has agreed on, approved and is implementing a health agenda**

The Intergovernmental Health Committee (IHC) has continued functioning through technical meetings of working groups and ordinary and extraordinary meetings of its assembly. Its attention has been focused mainly on SIS's debt; in general, the functioning of working groups was very weak, except the financial group. The Project's role was to support the MOH in the elaboration of technical proposals and for the organization and facilitation of IHC meetings.

On December 6<sup>th</sup> and 7<sup>th</sup>, the fourth ordinary meeting was held in Iquitos. The Governance team supported the MOH Decentralization Office in its preparation and organization, elaborating the program, preparing the correspondent papers, and redacting its conclusions and agreements. The main issues developed were: a) National Plan for the Strengthening of Primary Health Care; b) Decentralized Management Model of Health Services; c) SIS's debt; d) Project of Financial Law; e) balance of IHC functioning; f) formulation process of 2011 IHC's plan. The assembly achieved important agreements in order to solve the SIS's debt; the other issues were incorporated in IHC's agenda. Additionally, they agreed to convene an extraordinary meeting in January with the new regional officers to tackle the following subjects: a) Information to the new regional officers related to IHC functioning; b) methodology for the elaboration of 2011 IHC's plan; c) balance of IHC functioning.

By other hand, the functioning of working groups has been very heterogeneous:

- It is outstanding the performance of the financial group (Group 4), which has facilitated an important result: the solution of the problems generated by SIS's debt, with an agreement of a payment schedule. It implies several technical meetings between national and regional officers, with levels of participation and discussions, and the political support of Minister of Health to solve it. Additionally, they have been discussing a proposal of health financial law.
- The Group 1 has not got significant advances: a) they couldn't organize the conciliation of health functions matrix between three governmental levels, because MOH and PCM haven't finished the revision of MOH's proposal; b) they couldn't organize the technical assistance to RHDs for their reorganization and institutional capacities strengthening; c) there are no advances in local health decentralization.
- The Group 3 has been working a technical proposal of health career and has organized several meetings and mechanisms to gather regional opinions and criteria for its formulation, with limited participation of regional officers. MOH Human Resources Office is working a technical document of health career.

Base in the analysis of the working groups and two opinion surveys answered by most members of the IHC assembly, a special commission was appointed to present a proposal aimed at improving IHC functioning, at an extraordinary meeting in January.

During this quarter, the Project -with the support of a full time advisor- continued providing technical assistance to the **National Assembly of Regional Governments (ANGR)** in the analysis of health policies, to participate in the Health Insurance National Implementing Committee, and to participate in the IHC.

The Project advisor provided technical assistance to the ANGR Secretary and Regional Health Directors in the analysis of 2011 health budget, including the analysis and justification of the regional budgets to be discussed with the Peruvian Congress Commission of Public Budget, in charge of approving 2011 budget. In this discussion, the ANGR presented the regional governments' health requirements, including: (i) the funds for the reimbursement of SIS' debt, in the amount of S/. 52

millions; (ii) the need to change an article of the budget law guaranteeing the continuation of investments in the transition period, in order to avoid the devolution of non used resources to the central budget; and (iii) the allocation of additional resources to compensate the reduction of investments resources decided in the budget proposal. Moreover, the Project advisor prepared a detailed analysis of the health budget included in 2011 Budget Law (Appendix 1) to be presented to the new Regional Presidents in the transference meeting of the ANGR, in January 2011.

The Project advisor also provided technical support to the ANGR President and Secretary during their participation in the meetings called by CTIN and SETEC, to coordinate the implementation of UHI at the regional and national levels. Main issues discussed during these meetings, were the SIS' proposal of the semi-contributive health insurance mechanism, the advances in the implementation of private sector insurance policy, the monitoring of population affiliation under each of the three health insurance regimes: subsidized, contributive and semi-contributive, the advances in the implementation of the household focalization system (SISFOH), and the technical norm for the categorization of health facilities.

The technical assistance provided to the ANGR Secretary, has been decisive in supporting the participation of the regional health directorates (RHD) in the IHC Assembly meetings or working group meetings. The ANGR Secretary was key in providing information to the regional health directors, promoting the discussion of different proposals, and arriving to a consensual proposal when negotiating with the MOH. In November 05, representatives of the health insurance regional offices agreed with the SIS and MOH officials on the new validation rules to be applied in the assessment of SIS payments during 2009 and 2010. In November 23 meeting, there was another agreement on the operational definitions of the MOH norm related with health facilities resolution level and service provision fees. In this meeting, the SIS also presented the new payment mechanisms to be implemented during 2011. Finally in December 6, the IHC members arrived to a consensus in the remaining financial issues related to health insurance reimbursements and the negotiation processes between the RG and MOH.

### **1.1.3 Regional Health Directorates and health networks in one priority region have been reorganized and modernized to carry out their new functions under decentralization**

The Governance team has continued supporting the implementation of San Martin RHD new organization. The Project's regional advisor has supported the RHD in the monitoring of 2010 annual implementation plan of new RHD organization design in periodic technical meetings. By other hand, he has supported the elaboration of the final document of the Health Networks By-law and its justification report; it was sent to the Regional Government for its approval.

On October 11<sup>th</sup> and 12<sup>th</sup> there was a workshop with the objective to formulate an organizational plan of Health Micro Networks. The participants were officers from RHD headquarter (Integral Health and Institutional Development Offices), Health Networks (San Martin and Moyobamba), and Micro Networks (Huimbayoc, Pongo de Caynarachi, Barranquita, Yantaló and Soritor). The participants elaborated a preliminary organization plan by each Health Micro Networks.

The Governance team has continued giving technical assistance in the formulation of RHD internal organizational documents (workshop held on November 5<sup>th</sup>): a) functions distribution by occupational positions for Health Micro Networks; b) a model of Organization and Functions Manual for Health Micro Networks.

Additionally, the Project central team has supported the organization of an evaluation workshop of RHD reorganization implementation in November 19<sup>th</sup>. Its main product was a preliminary balance of RHD reorganization implementation, identifying advances and limitations; although, this requires a more detailed work.

In other regions, the Governance team has held technical meetings with Regional Governments and RHD officers, in order to develop organizational plans in RHD or Health Networks and Micro Networks:

- Cusco: On October 18<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup> we facilitated the second workshop on RHD organizational redesign. The main products were: a) definition of RHD organizational roles (RHD, regional hospitals and Health Networks); b) health functions distribution amongst regional instances (RG Executive, RHD and Health Services Management Units); c) design of RHD organizational structure for its



second hierarchical level. The third workshop was held on December 1<sup>st</sup> and 2<sup>nd</sup>, and its products were: a) functions distribution among RHD units of its second hierarchical level; b) the design of RHD organizational structure for its third hierarchical level. Finally, on December 20<sup>th</sup> the regional advisor facilitated a last technical meeting with the RHD reorganization commission to complete RHD organizational design, identifying specific functions for RHD units of its third hierarchical level. Additionally, we gave advice in the elaboration of the technical proposal of RHD organizational redesign.

- Apurimac: The Governance team has continued providing technical assistance in the formulation of the technical report on re-delimitation of Micro Health Networks to be submitted to the transfer commission to be delivered to the new regional government officials, in order to give continuity to the process that has been developed by the outgoing government authorities.
- Huánuco: the Project has also continued providing technical assistance in the health networks and micro networks delimitation process. Although, the RHD officers couldn't consolidate and adjust the required information for this process. Now, we are expecting the indications of the new regional health authorities to advance this process.

In the area of **design and implementation of local health decentralization pilot experiences**, during this quarter, the functioning of local health decentralization pilots has been very weak. The MOH Decentralization Office has promoted a provisional transference of health functions instead of the original mechanism designed in the local pilots launched in 2009. This fact and the governmental change of local and regional authorities have deactivated the few experiences that could be developed previously. Actually, the majority of authorities in these areas were changed in the last election.

In this context, the Governance team has been in contact with REMURPE (Network of Peru's rural municipalities) in order to initiate the technical assistance to: (i) Prepare the health agenda of REMURPE; (ii) strengthen their participation in the IHC; and, (iii) provide technical assistance in the analysis of fiscal decentralization. For this purpose, an agreement was signed between REMURPE and the Project. The technical assistance activities began defining the major milestones and activities

during the next six months and the methodology to be applied in the formulation of the health agenda at REMURPE's annual meeting to be held in March or April.

By other hand, the technical assistance to the MOH DO was focused in the validation of the health functions matrix for local governments, developing a methodology for its validation. For this purpose, three workshops were held in the regions of Cajamarca, Lambayeque San Martín, aimed at presenting the health functions matrix to regional and local government officers, with the purpose to receive suggestions for the adjustment of the matrix. After that, the MOH DO organized meetings with different MOH units to revise these suggestions; the Project participated in the first one in a facilitator role.

#### **1.1.4 Design and implementation of primary health care management model**

In the framework of working plan with MOH Persons-Health General Directorate (DGSP) and San Martin RHD aimed at development of the health care model, which has also the involvement of the USAID /Peru /Calidad en Salud, the Governance team has elaborated the following documents: a) Manual of procedures in Admission; b) technical proposal for the up-dating of primary health care model for the public sector; c) referential charter of services for primary health care. The first document was finished and sent to San Martin RHD and MOH DGSP (Appendix 2); in the second document, we completed the sections of indoor and outdoor health care provision, and it is ready to be sent the same institutions (Appendix 3); finally, the third is in an intermediate level of development.

During the workshop held at San Martin on October 11<sup>th</sup> and 12<sup>th</sup>, mentioned in the previous section, the participants (Micro Networks of Huimbayoc, Pongo de Caynarachi, Barranquita, Yantaló and Soritor) elaborated a proposal of health services charter by Health Micro Networks, which should be revised and approved by the RHD.

#### **1.1.5 The MEF and MOH have validated an incentive program to foster results in prioritized health programs through coordination between health services and local governments**

During this quarter, the Project continued providing technical assistance to joint up regional governments with local governments, to agree about health priorities and

goals, within the framework of MEF Municipal Incentives Program related to the nutritional program (PAN) focused by government results-based budget.

On October, the MEF published the information of the districts that accomplished the first semester goals, one of which was related with a minimum percentage of budget execution in the expenditure lines of Health and Sanitation. In the regions where the Project promoted this discussion and joint programming, Ayacucho, Cusco, Huanuco and San Martin the percentage of districts that accomplished the budgetary goals was 79%, 78%, 74% and 86%, respectively. These districts accomplishing the budget execution goal received the incentives money, in a total amount of S/.63 millions.

During October and November, the Project organized new workshops in these four regions, with the regional and local authorities, with the participation of the social programs representatives, as the cash transference program, JUNTOS and the civil registration organization, RENIEC. Recently elected municipal authorities participated in these workshops and were aware of the MEF program, and the need to accomplish malnutrition reduction goals. Thru November 30, 45% of the incentives money allocated to the municipal governments was already spent, and 11% of these expenses were assigned to Health and 38% to Sanitation. More detailed information on these expenditures will be monitored during the next quarter in Cusco, Huanuco and San Martin.

## **2. Health Sector Financing and Insurance**

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### **2.1 Improve health coverage of poor and vulnerable populations**

#### **2.1.1 The MOH has revised the clinical content and standard costing of the Essential Health Insurance Plan (PEAS) so as to ensure gradual increase in health coverage, ensuring coverage of MCH, FP/RH, HIV/AIDS and TB related services**

During this year, the Project has worked with a technical team appointed by the MOH DGSP in the review and consistency of Health Insurance Essential Plan (PEAS) approved by D.S. 016-2009 – SA. During the last quarter there has been progress in reviewing and editing 110 PEAS's conditions, of a total of 140. This work has

included the comparison of the PEAS with the national essential drugs list to identify new medical's procedures and new drugs that required to be incorporated. This work has been advanced by more than 95% of the revision and by January 2011 the report should be completed.

This effort has allowed the DGSP's team to revise the PEAS, with the participation of several specialists in many working sessions; in fact, this team has gained an advanced knowledge and management of the technical content of PEAS, which is a key element for the institutionalization's process.

### **2.2.1. MOH has design a health financing reform to ensure financing of the health sector as required by the universal health insurance**

During the quarter, the Project team focused its activities in the elaboration of a Health Financing technical report, which will include alternatives and recommendations for the sustainability of the health insurance policy as well as to improve efficiency in the allocation of resources by clarifying formal rules regarding the main health financing functions: revenue mobilization, pooling and strategic purchasing.

Specifically, the chapter regarding Fiscal Space for the Peruvian Health Sector has been concluded (Appendix 4). This study aims to assess if there exists availability of fiscal resources to cover in a gradual and sustained manner the public financing gap for health, mainly for universal health insurance, which amounts to 0.6% of GDP (NS/ 3 billion).

The main preliminary findings of this study reveal budgetary room during the coming 3 years to finance the health insurance reform without jeopardizing our fiscal position (see table 4). The existence of fiscal space for the Peruvian Health Sector is based on the positive macroeconomic environment, the prospective removal of several tax expenditures and governments policies to foster improvement in the efficiency of the tax administration and the public health expenditures. In this context, the challenge of the MOH is to negotiate these resources with the MEF as well as to remove the supply constraints (physical infrastructure, equipment and human resources) to absorb the higher level of resource inflows for spending in the sector, allowing the scaling up of the health insurance reform implementation.

**Table 4: Aggregate fiscal space for health: 2011-2013**

Fiscal space source	Fiscal space (cumulative to 2013)	Gap coverage		Feasibility
		Public expenditures	Universal Health Insurance expenditures	
I. Macroeconomic conditions				
Millions of NS/.	931			
% of GDP	0.20	15%	33%	High
II. Resource reallocation				
Millions of NS/.	436 - 871			
% of GDP	0.09 – 0.18	7-14%	15-30%	Medium
III. Creation of new resources				
Millions of NS/.	843			
% of GDP	0.12	13%	28%	Low
IV. Efficiency improvements				
Millions of NS/.	737–1 475	12 – 23%	25 – 51%	High
% of GDP	0.19 – 0.37			
Total (excluding III)	2 104 – 3 271 0.40 – 0.63	33 – 52%	73– 114%	
Adjusted fiscal deficit (2013)	0.16 – 0.18			
Compliance with Fiscal Rule	YES			

The main results of this study were presented last November in an International Health Financing Seminar in Lima, Peru held by the Ministry of Health.

The Project is also providing technical assistance to the MOH to develop the logical framework of the UHI, the design of the **Monitoring and Evaluation Plan of UHI** and the design of the baseline. For this purpose, the MOH formed a technical team with members of DGSP, Directorate of Planning and Budget Office (OGPP), the Public Health Insurance (SIS), the Program of Support for Health Reform (PARSALUD), Supervisory Instance of Health Providers (SEPS), and the National Health Insurance Implement the Committee (CTIN). This work concluded in a document "Monitoring and Evaluation Plan of Universal Insurance" which will be formally presented to the MOH and World Bank reviewers. The plan will receive contributions from experts from the World Bank for final adjustments. PARSALUD will be responsible for providing technical support to implement the plan in the MOH.

At the regional level, the Project has been providing technical assistance to the RHD and regional implementing committees (CTIR) in the **analysis of financial gaps for UHI implementation**. In Cusco, the Project technical assistance focused in the

elaboration of the regional plan for the implementation of health insurance (Appendix 5).

The four years implementation period of this plan will be divided in two stages, the first stage (2011-2011) for the implementation of the health insurance in the valley of the Apurimac and Ene rivers (VRAE), and the second stage, starting 2013 in the northern network of Cusco. The most important coverage gap in health insurance is in the semi-contributive regime, and in the subsidized regime in the rural areas of Cusco. Based in the National Household Survey (ENAHU) 2009, there is no coverage gap in the contributive regime. The financial gap for the implementation of UHI in both areas is still being analyzed.

## **2.2 Ensure efficiency and equity in health resource allocation**

### **2.2.2 Regional Health Directorate in one priority region has formulated multi-year health investment plan**

The Project continued providing technical assistance to the MOH Planning and Budgeting General Office (OGPP) in the elaboration of the methodological guidelines for the Multiannual Health Investment Planning. A draft version of these guidelines is included as Appendix 6.

During this quarter, the elaboration of the methodological framework for the estimation of the physical gap (infrastructure and equipment) was completed. Main methodological features are the following:

- Gap is being estimated based in the PEAS list of clinical procedures.
- This estimation shall mean changes in the current population parameters being used by MOH (real demand instead of potential demand)
- The gap will be estimated after a first planning exercise of the health services facilities based in the delimitation of networks and micro-networks proposed by the regional health authority.
- The planning of health services facilities will be done based in the new MOH technical norm for the categorization of health facilities. For this purpose, the MOH Executive Directorate of Health Services has provided its methodological inputs, guaranteeing the institutionalization of the planning exercise.

All of these features were presented to the MEF Planning General Directorate (DGPM) , who is supporting to date advances, and is interested in participate in the validation of the guidelines in order to identify the normative gaps that will need to be modified for the implementation of these guidelines. The guidelines will be validated in San Martin, where a first coordination meeting was held with the RG manager of public investments and the RHD office of health investments. From this meeting, the Project concluded that in the region there are the necessary conditions for the implementation of these guidelines. Nevertheless, other RG officials shall be involved in this process during the next quarter because they are close to the regional investment decisions.

### 3. Health Information

#### 3.1 Strengthen the capacity to collect, analyze and use data in the health sector

##### 3.1.1 Update of national data standards of provider health information systems

During the quarter, the MOH continued with the revision of the proposal of the catalogue of medical procedures. This process has been extended and will continue during next quarter. Its level of advance is 80% at the moment. Part of the delay has been generated on the change of EsSalud authorities, a situation that generated instability in the participation of officials that were already participating in the revision process. To facilitate the work the Project has prepared a document comparing the changes that have been taken in CPT2010 as compared with CPT2008. This document has been already handed to the DGSP (Appendix 7). The numbers that reflect changes introduced are presented in Table 5:

**Table 5: Number of Changes in CPT 2010 compared to CPT 2008**

Chapter	Added	Modified	Eliminated
Evaluation and Management	17	28	15
Anesthesiology	2	2	1
Surgery	116	150	32
Radiology	18	4	18
Laboratory	22	34	3
Medicine	77	30	51
Total	252	248	120

Beyond the approval of the newer version of the catalogue of medical procedures, the next step to be taken is to help the MOH to define an implementation strategy regarding this standard. One of the topics to be discussed is how to align the use of this standard with the implementation of the universal health insurance reform within providers, financing and regulating agencies.

Regarding the development of interoperability standards, the MOH has continued with its work of advancing the institutional agenda for the start-up of a technical committee in charge of the planning and development of standards based on HL7. The Project has facilitated a coordination meeting with the Universidad Peruana Cayetano Heredia (UPCH). UPCH has shown strong interest in being part of the core institutions responsible for launching the HL7 group – Peruvian Chapter. The formalization of this committee is critical for them since it represents a big opportunity to stabilize technical tools intensively used on ongoing medical research. For instance, UPCH is currently using HL7 standard for the experimental electronic transmission of clinical information related to malnutrition and pregnancy within wireless networks and applications in Callao. HL7 management will also be a part of the regular topics to be discussed along the MSc in health informatics the UPCH has recently launched.

Although it was envisaged to start coordination with SIS and SUNASA this quarter, the activity was postponed until next quarter. Regarding SIS, recent changes in its key authorities have included the removal of its IT manager. With SUNASA, coordination with PARSALUD was less functional than in previous quarter, mainly due to little time availability of the Project's counterpart. The Project will change its approach and will directly begin coordination with SUNASA this coming quarter.

### **3.1.2 Development of regional plans to improve health information systems**

The Project maintains coordination with the technical teams in charge of the implementation of the plans in each region. It is envisaged that for the next quarter technical meetings for the monitoring of the execution of the plans will be held with the Project's technical assistance.

#### ***Design of GalenHos primary level and hospital level***



During this quarter, the identification of improvement opportunities of GalenHos – Hospital version has involved the following modules: outpatient care, inpatient care, emergency care, pharmacy, and billing. Also, local improvements made to GalenHos modules (at Ayacucho Regional Hospital) have been subject to an expert IT development audit. For each module, improvements have been annotated so as to introduce them when the migration of GalenHos-Hospital to PostGreSQL and a web service application takes place (already started and planned to end in 2011).

Design of GalenHos-Primary Care has advanced during this quarter. Information needs from MOH's national strategies, and SIS data requirements have been analyzed and introduced into GalenHos design. Main characteristics of GalenHos-Primary Care are: 1) It will be developed using MySQL as database manager; 2) it will be a web service oriented (programming language: C#); 3) data entry units are located at health centers; 4) registration of information is patient-based, rather than program-based; 5) data to be entered has at least three primary origins: individual, family and environment. Some relevant technical differences between database managers for GalenHos-Hospital and GalenHos-Primary care are shown in Table 6, below.

**Table 6: Main differences between database managers**

	MySQL	PostGreSQL
Objective	Velocity, although with the sacrifice of some characteristics	To be a more solid database manager in comparison to MySQL, comparable to Oracle, Sybase or Interbase
Licensing	General Public License	Berkeley Software Distribution (Open Source)
Advantages	High speed for operations, and this is one of its main characteristics	Its strength is its scalability. Capable to be adjusted to diverse numbers of CPUs, memory, making it possible to provide support to simultaneous operations requests
	Low resources consume, which it makes very appealing to low-end hardware environments	It has a better support for triggers and procedures resident at the server level
	Administration tasks are easily managed and easily configured	Allows the verification of the reference integrity, and the storing of procedures within the database
Disadvantages	Not useful with big databases, or databases with high flow of data exchange	High resource consumption

Implementation of GalenHos-Hospital has continued in Cajamarca Regional Hospital. Adaptation of health standards (e.g. operative units, medical procedures, medical drugs, among others) is advanced and the hospital has shown interest in developing an Operating Room-Surgery module to the current version of GalenHos. The specific agreement should be signed in early January, pendant to the ratification of this initiative by new designated authorities at the hospital.

In Tarapoto Hospital and Moyobamba Hospital the work is also advanced. It is expected that by February, GalenHos should be operative in Tarapoto, and by March in Moyobamba.

An agreement has been signed with JAMO Hospital at Tumbes, through which they make official GalenHos as their Hospital Information System (Appendix 8). Besides, this hospital has signed in the aforementioned agreement the compromise to develop an outpatient module for detailed clinical data registry. This development represents a significant advance in the design of an electronic health record. Besides, this application will contribute to lower patient waiting times for the outpatient care.

Technical assistance for the maintenance of GalenHos in Ayacucho has been continued during this quarter. An advanced training program in GalenHos was executed in early October as expected. This program was oriented towards the analysis of GalenHos database to allow the generation new managerial reports by the Ayacucho Regional Hospital.

## 4. Health Workforce

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### **4.1 Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector**

This result involves three major products, interrelated and interdependent; they correspond to the sub-systems of the planning and management system of health human resources, which in some cases will be considered as systems. They are:

- Preliminary proposal of Health Care Path
- Health Human Resource (HHR) planning system
- Health Human Resources (HHR) management system based on competency

#### **4.1.1 Dialogue between experts and policy makers to design civil service policies in the health sector**

The activities developed during this trimester were:

- Technical meeting with experts in labor law and public health, developed in September 30<sup>th</sup>. Some conclusions of the meeting were:
  - It is necessary to work in health care path in the framework of a civil service law.
  - The focus should be the first level of care
  - Escalation is a key element, mainly for young professionals who demand clear career line in the public sector.
- International Forum “Advances and Trends in Health Care Path developed in Latin America Region”, developed in October 2010, organized by the Pan American Health Organization (PAHO). The Project worked with MOH team to prepare the conceptual framework and a basic proposal of health care path. In order to obtain an informed participation in the exchange of experiences, the Project designed a comparative chart about characteristics and advances in Health care path in each country, in the framework of a health human resources management system.

The country presentations focused in:

- Conditions of work management at the national level (terms of engagement; negotiation and conflict; workers health)
  - The process of design and negotiation of the proposal of Health Care Path.
  - The main issues addressed in the proposal of health care path and staff involved.
  - Funding for the implementation of the health care path
  - The organization, structure and functions for the management of the health care path.
- In November 10<sup>th</sup>, the MOH organized a virtual discussion session with all the Regions of the IHC working group involved in the design of a proposal of a Health care path. This session began with the presentation of a preliminary proposal

regarding definitions, principles, scope of work. Unfortunately, the participation of regional teams was very poor.

- In order to obtain contributions and opinions of regional teams about the proposal, during November and December, the MOH organized virtual forums through PAHO Public Health Virtual Campus. All the teams were invited to participate in 5 forums:
  - Definition and Scope of work of a Health Care Path
  - Principles of the Health Care Path
  - Health Care Path and duties
  - Health Care Path and rights
  - Health Care Path and pending agenda.

To date, participation has been poor and the quality of the few interventions has not been as expected.

- In December, PAHO financed a study tour to Santiago de Chile for MOH team, to exchange information and experiences about Health Care Path. Representatives of San Martin, Apurimac and La Libertad Regions accompanied the national team during this visit.

The Project is supporting the MOH in the evaluation of these strategies in order to get more participation of regional teams. One of the aspects to be taken into account is the technical level of human resources management team at the regional level. To get better quality in regional contributions is necessary to provide basic knowledge about labor laws, health care path, and human resources management system. PAHO is interested in a joint work with the Project in order to strengthen regional capacities in this issue.

#### **4.1.2 Design and validation of a broad based system for planning health workforce has taken place in one region**

This result is related to the development of action plans to close the HRH gap for the implementation of PEAS.

Together with the Ministry of Health, we defined the formula for calculating the human resource gap.

	Total quantity of time required to produce PEAS conditions
Health worker requirement      =	Standard time available for one health worker

Once agreed this formula, the next step was to define and implement methodologies to do calculations.

As previously reported, we will use ASEGURA software to determine the numerator. ASEGURA is being updated by the Project Finance team. This software contains a list of health services and how long each category of personnel must dedicate time to each service at each level of care.

In the case of doctors, ASEGURA does not discriminate the type of medical specialists responsible of the provision of healthcare. So, during this quarter, we have revised each PEAS condition developed in health centers and posts and we have determined the type of specialist involved, specially pediatrics, gynecologist and family doctors. This analysis allows us to specify the requirements for the workload of these specialists in health centers.

To calculate the denominator of the formula, it is necessary to determine the time really available to provide only PEAS conditions. In this case, it is necessary to estimate the time spent on other activities that are not related to provide PEAS conditions.

In order to obtain this kind of information, we defined with the MOH 4 types of research:

- a) Survey of the universe of workers in a network
- b) Interview conducted with a sample of workers in a region
- c) Focus group
- d) Direct observation of the provision of health care during a full day of work (gold standard).

During this trimester, the MOH financed and developed a research regarding the “Interview” model. The Project provided technical assistance to define the scope of

work of this research. This research was carried out in Ayacucho. This has been applied more than 100 surveys, both professional and technical staff. The content of the survey was focused primarily on the distribution of time for the implementation of different activities or tasks in a full workday. With this information we can determine the activities carried out by type of health worker (administrative tasks, training, holidays, absence, medical leave, travel, etc.) and define the time available to provide PEAS conditions.

For the next trimester, the Project with the MOH will carry out the other three researches. The “Direct observation” model is the gold standard, the most expensive model and its implementation will require more time, but it will provide more accurate information on the distribution of time. This result will be compared with the results of the other researches and so we can determine if it is possible to implement at national level, with a minimal margin of error, some of the other research models to estimate the time available for PEAS conditions.

Due to the diversity of clusters with different levels of population density existing in our country, it is necessary to define an index that allows for adjustments to the calculations of the human resource gap, especially in mostly rural areas. In this sense, we have developed a study with the MOH in the San Martin Region in order to calculate the "index of rurality". First of all, there has been a literature review looking for different methodologies to perform this calculation. Then, we have defined categories of clusters taking into account indicators such as population density, basic services, type of house floor, etc. Next, each district of San Martin has been assigned to one of these clusters. Then, using the database of the official information system (HIS), we determined the average physician productivity in all health facilities under each category of district.

With this information, we will correlate the average physician productivity in the health care provision with different levels of rurality and to determine rates of rurality.

#### **4.1.3 Design and validation of regional human resources management system has taken place in one region**

During the quarter, the Project joint with the MOH have designed a Process Mapping which defines the Human Resources Management System. For this formulation we have consulted international literature, especially those compatible with the

approaches that were determined by leading institutions such as SERVIR, MOH and PCM.

This system consists of 8 macro-processes: (a) Planning, (b) Job design and work organization, (c) Labor Management, (d) Performance Management (e) Capacity Building, (f) Compensation Management; (g) Management of Relationships, and (h) Management of the Human Resources System. Within these 8 macro-processes, we have been considered 30 processes and have been identified 46 products for these processes. This design has been shared with local technical teams of the DIRESAs of San Martin, Ayacucho and Huánuco, where the authorities have indicated their interest and commitment to become experiences of validation and implementation of part of the system.

For a viable implementation of the system, it has been agreed with the regions to establish criteria for prioritizing the process which would begin analyzing the system and its implementation.

The proposal is to conduct a bottom-up work, which begins by identifying and prioritizing the existing problems of human resources in health facilities, then identify and develop the processes involved in this problem; and for those processes, we will perform the analysis of the interrelationships with other processes and identify those responsible for the different products of the selected process, both in the facility, as in network, micro network, and DIRESA setting.

Collaborative work with the technical staff of MOH and SERVIR, has allowed for these developments, with sufficient consensus for validation / implementation of pilot Projects.

#### **4.1.4 Development of job competencies profile for health managers and systems for evaluation of competencies and supervision designed and validated in one region.**

DIRESA San Martin requested the Project technical assistance to develop competency profiles for each of the posts established in the new Organization and Functions Rules. The Project and the DIRESA technical team defined the most appropriate methodology to achieve this result. In this sense, the DIRESA decided to refer the “Labor competencies map” previously designed with technical assistance

from a USAID Project. The DIRESA with support from the Health Policy Initiative project, reviewed the competency profile that was the result of “Labor competencies map” and made some adjustments.

With this new profile, we worked on the list of competencies of the Institutional Development and Quality Office, considering its functions, the main processes under their responsibility and the sub processes involved in each process. We then proceeded to define the competency profile for each of the posts of this organizational unit. Similarly, we define the level of performance for each competency (Basic, Intermediate and Advanced) depending on the level of job responsibility to perform certain function. Finally, no more than 2 competencies were prioritized for each position.

During this quarter, the same methodology was developed for all organizational units of the DIRESA, to:

- a) Define competency profiles each of the posts
- b) Determine performance levels for each competency, and
- c) Prioritize competencies for each post.

The next steps are to establish performance standards for each of the priority issues and design competency assessment tools.

With the competencies profile, DIRESA can develop recruitment processes for their vacancies and completing the design of their job profiles. Performance standards will allow DIRESA design their training programs. The competency assessment tools will allow DIRESA evaluate managers’ performance for:

- a) Identify the performance gap for supervision and monitoring processes.
- b) Make the selection process based on competencies.

## **5. Medical Products, Vaccines and Technologies**

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During the third quarter, medical products components activities were directed to advance the implementation of all action plans developed with health Directorates where the Project operates. While the emphasis was on developing systems of distribution, there were important initiatives to strengthen management processes and improve information systems.



## **5.1. Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards**

### **5.1.1 Development of regional action plans to improve the quality and availability of pharmaceuticals**

All action plans in regions where the Project is involved have been developed and validated with the respective health directorates, have been assumed as their own and even in some cases, such as Ayacucho, included in its institutional operating plan (POI).

In the region of San Martin, despite having an improvement plan developed earlier this year and into the redesign of the Regional Health Directorate, they opted for their review, through an analysis of the processes taking place in drug supply. Based on this analysis, the next step is to develop a manual process (MAPRO), identifying the operational tasks and responsibilities, as well as control functions.

In the DISUR Chanka from Apurimac Region, there were important advances in the implementation of a distribution network - they called Distribution Center of Drugs and Supplies (CDMI). The objective was to decentralize the distribution of drugs from the central location of the Directorate of Health to the Micro Networks. The remarkable thing is that the DISUR Chanka, instead of building a store or tries to improve the infrastructure which currently keeps his medicines; chose to strengthen its distribution system. Now it is up to each micro network manage the supply of medicines to health facilities within their jurisdiction. During November were released two directorial resolutions, which provide the implementation of the CDMI and its operating policies. In December were inaugurated and came into operation five CDMI (DISUR Chanka has 13 micro-networks). At the end of the first quarter of 2011 will be held an analysis of how the CDMI has been working to make the necessary improvements and begin the process of implementation in the eight micro missing networks.

In the DIRESA Apurimac I from Apurimac Region, where he had also given priority to improve its distribution process, it managed to make a joint proposal, coordinated

with all levels involved in the process of providing health services. During December, they chose to prioritize the process of transferring functions to the incoming administration of the new regional government, leaving the implementation of this proposal for the new administration. Everything worked has been made available to the transfer commission, which has shown a great willingness towards this plan.

In Ayacucho DIRESA decided to prioritize the development of regional list of essential drugs by level of care. Technical assistance was provided, also developed a handbook as a way to systematize the work. At the beginning of next year will have a meeting with the new managers to define which activities within the improvement plan undertaken jointly with them, will be implemented.

In Huanuco was prioritized strengthening its distribution system and warehouse staff training in Good storage practices. Both activities have been scheduled for early 2011.

### **5.1.2 Design of a regional system to plan and forecast pharmaceutical needs**

As planned, during the fourth quarter was developed a proposal to establish a programming methodology, allowing a better rationale for the purchases, aimed at optimizing the use and availability of financial resources with the physical needs of medicines and supplies.

Additionally, the proposal was incorporated into a guiding framework for the management of risk / uncertainty faced along the supply chain.

The fundamental concept is that the organization must be able to generate behaviors and decision criteria that minimize the occurrence of an unwanted event (eg, shortages of drugs), Cushion its impact and mechanisms to respond to its effects.

The approach was made on the basis of systematize successful experiences of some health directorates in the management of drug procurement programs. Then discussed within the Project and exposed to a group of experts in drugs supply as well as representatives of the General Directorate of Drugs (DIGEMID), Ministry of Health.

The next step is to validate this methodology with the Ministry of Health and in parallel, in some regions where there is interest about (San Martín, Apurímac and Ayacucho I)

### **5.1.3 Systems running on a prioritized region, for use of transparent mechanisms on purchase of pharmaceutical products**

In DISUR Chanka (Region Apurímac), continued the functions of control and transparency in the procurement of medicines.

In the region of San Martín, after the process analysis conducted for the supply of drugs, is pending strengthen the role of procurement and contract administration. As part of the above analysis, are defined not only the areas in charge of perform this process, but also those responsible for their control and mechanisms will be used.

### 3. Results Reporting Table

	Project Components, Activities and Sub-Activities	Location	Qr 3 -2010		Qr 4 -2010	
	<b>Project Management</b>					
	<b>Project planning, monitoring and reporting</b>					
	Elaboration of final work plan and Project strategy	Central				Completed
	Quarterly monitoring meetings with staff	Central		Completed		Completed
	Elaboration of quarterly progress reports	Central				Completed
	Elaboration of annual reports	Central		Completed		
1	<b>Health Governance</b>					
1.1.	<b>Strengthen and expand decentralization of the health sector</b>					
1.1.1.	<b>The MOH and Regional Governments have plans to further decentralize health functions down to local levels</b>					
	<b>Central</b>					
1.1.1.1	Technical assistance to the MOH Decentralization Office for revising the health functions matrix for local governments	Central		Completed		Completed
1.1.1.2	Workshops to discuss the health functions matrix for local governments with ANG y REMURPE	Central				Initial
1.1.2.	<b>Health sector issues have been debated publicly in the political transition at the national and regional level</b>					
	<b>Central</b>	Central				
1.1.2.1	TA to Coordination Committee of national political parties to promote dialogue regarding the health agenda	Central		Completed		Completed
1.1.2.2	Support to the Coordination Committee for the organization of workshops and meetings to discuss key health issues	Central		Completed		Completed
	<b>Cusco</b>	Cusco				
1.1.2.9	TA to Regional Promoter Group of dialogue between regional political parties regarding health agenda	Cusco		Completed		
1.1.2.10	Support to the Regional Promoter Group for the organization of workshops and meetings to discuss key health issues	Cusco		Completed		Completed
1.1.3.	<b>The national, regional and local levels agree and monitor key health sector policies</b>					
	<b>Central</b>	Central				
1.1.3.1	TA to MOH to organize and facilitate meetings of the IHC	Central		Completed		Completed
1.1.3.3	TA to MOH for the facilitation of the discussion and approval of technical proposal of health financing (Work group 2)	Central		Completed		Completed
1.1.3.4	TA to MOH for the facilitation of the discussion and approval of the technical proposal of a health public career (Work group 3)	Central				Intermediate

1.1.3.5	TA to National Assembly of Regional Governments (ANGR) to participate in the National Technical Implementation Committee (CTIN), its Secretariat (SETEC) and IHC	Central		Completed		Completed
1.1.3.6	TA to ANGR to elaborate technical proposals on health policies	Central		Completed		Completed
1.1.3.7	TA to ANGR to facilitate agreements between Regional Health Directors	Central		Completed		Completed
1.1.3.8	TA to REMURPE to formulate proposals for the health of local governments	Central		Initial		Completed
<b>1.1.4</b>	<b>DIREAS in two priority regions have been reorganized to carry out their new functions under decentralization</b>					
	<b>Central</b>	Central				
1.1.4.1	Elaboration of operational guideline for the delimitation of health networks and micro networks	Central		Intermediate		Advanced
1.1.4.6	TA for the elaboration of technical report of the delimitation fo micro networks	Apurimac				Completed
	<b>Cusco</b>	Cusco				
1.1.4.11	Technical meetings with RHD and RG to elaborate a reorganization plan of RHD	Cusco		Advanced		Completed
1.1.4.12	Workshops for the organizational design of RHD	Cusco		Initial		Completed
1.1.4.13	Elaboration of technical proposal for RHD organizational redesign	Cusco				Advanced
	<b>Huanuco</b>	Huanuco				
1.1.4.16	Technical meetings with RHD and RG to elaborate a reorganization plan of Health Networks and Micro networks	Huanuco		Completed		
1.1.4.17	Workshops for delimitation of Health Networks and Micro networks	Huanuco		Initial		Intermediate
	<b>San Martin (Result region)</b>	San Martin				
1.1.4.21	Technical meeting and workshop with RHD to revise and monitor reorganization plan	San Martin		Completed		Completed
1.1.4.22	Capacity building assistance to management team	San Martin				Advanced
1.1.4.23	Elaboration of RHD internal organizational documents (Organization Manuals, Personnel Assignment Cadres) in key units	San Martin		Advanced		Advanced
<b>1.1.5</b>	<b>One DIRESA implements primary health care management model in priority area</b>					
	<b>Central</b>	Central				
1.1.5.2	Elaboration of referential charter of services for primary health care and operational guideline	Central		Initial		Intermediate
1.1.5.4	Elaboration of a technical proposal with an up-date of the primary health care model for the public sector	Central		Initial		Completed
	<b>San Martin (Result region)</b>	San Martin				
1.1.5.8	Workshops for the revision and adaptation of the primary health care model	San Martin		Intermediate		Advanced
1.1.5.11	Training of officers in key areas in RHD and health networks to improve organization and management of health services	San Martin		Initial		Intermediate

1.1.6.	<b>Local pilots in two priority regions plan and implement local programs using results-based budgets</b>					
	<b>Central</b>	Central				
1.1.6.2	Systematization of the budgeting process linked to the Local Incentive Program	Central				Intermediate
	<b>Ayacucho (Result region)</b>	Ayacucho				
1.1.6.6	Joint programming workshops with RG and local authorities: Follow up of budgeting of preventive health interventions at the local level.	Ayacucho		Advanced		Advanced
	<b>Cusco</b>	Cusco				
1.1.6.9	Joint programming workshops with RG and local authorities: Diagnosis and evaluation of health targets included in the Local Incentive Plan	Cusco		Completed		
1.1.6.10	Joint programming workshops with RG and local authorities: Follow up of budgeting of preventive health interventions at the local level.	Cusco		Intermediate		Completed
	<b>Huanuco (Result region)</b>	Huanuco				
1.1.6.14	Joint programming workshops with RG and local authorities: Follow up of budgeting of preventive health interventions at the local level.	Huanuco		Intermediate		Completed
	<b>San Martin - Bajo Huallaga</b>	San Martin				
1.1.6.21	Joint programming workshops with RG and local authorities: Follow up of budgeting of preventive health interventions at the local level.	San Martin		Initial		Completed
1.2.	<b>Develop and implement national and regional anticorruption plans for the health sector</b>					
1.2.1.	<b>One DIRESA has approved health sector anticorruption plan</b>					
	<b>Huanuco</b>	Huanuco				
1.2.1.1	Support Regional Government to elaborate diagnostic of risks corruption in health sector	Huanuco		Advanced		Intermediate
1.2.1.2	TA to Regional Government to elaborate Anticorruption Plan in Health	Huanuco				Intermediate
2	<b>Health Insurance and Financing</b>					
2.1.	<b>Improve health coverage of poor and vulnerable populations</b>					
2.1.1.	<b>MOH has revised the clinical content and standard costing of the Essential Health Insurance Plan (PEAS) so as to ensure gradual increase in health coverage</b>					
	<b>Central</b>					
2.1.1.1	TA to update pharmaceutical components related to the clinical content of PEAS	Central		Completed		Advance
2.1.1.2	TA to update pharmaceutical components related to the clinical content of PEAS	Central		Completed		Advanced
2.1.2.	<b>The MOH has designed a health financing reform to ensure financing of the health sector as required by universal health insurance</b>					
	<b>Central</b>	Central				
2.1.2.1	Workshop with key actors to identify critical issues regarding financing of the Universal Health Insurance Policy	Central	1	Completed		

2.1.2.2	Elaboration of a technical proposal of Health Financial Reform (HFR)	Central	1	Intermediate		Intermediate
2.1.2.3	Workshops with key actors to discuss contents of the proposal of HFR	Central	1	Intermediate		Intermediate
2.1.2.4	Technical assistance to MOH for the presentation of the proposal of HFR to different key actors	Central	1	Intermediate		Intermediate
2.1.2.7	TA to MOH for the elaboration of analytical and logical framework of Universal Health Insurance (UHI)	Central		Intermediate		Intermediate
2.1.2.8	TA to MOH to design of a proposal of M&E framework of UHI implementation	Central		Initial		Initial
2.1.2.9	TA to MOH for the design of baseline indicators of UHI	Central		Initial		Initial
2.1.2.10	TA to MOH to adjust PEAS content and costing matrix according to legal norms	Central		Advanced		Advanced
2.1.2.11	TA to MOH to constitute organic unit in charge of PEAS analysis	Central				Initial
2.1.2.12	Workshops to train Social Security personnel on Evidence-Based Medicine for the identification of high-cost health interventions	Central		Initial		Completed
	<b>Ayacucho</b>					
2.1.2.14	TA to IT committee of CTIR	Ayacucho				Initial
	<b>Cusco</b>	Cusco				
2.1.2.17	TA to the RHD and CTIR in the analysis of financial gaps for UHI implementation	Cusco				Intermediate
2.2.	<b>Ensure efficiency and equity in health resource allocation</b>					
2.2.1	<b>At least two priority regions have developed plans to ensure that payments to local health providers are timely and based on the level of service production</b>					
	<b>Central</b>	Central				
2.2.1.1	Elaboration of guidelines for rapid assessment of critical issues regarding current financial flows mechanism from BIU to Non fund holders Health Network and Micro networks	Central				Initial
	<b>San Martin (Result region)</b>	San Martin				
2.2.1.2	Identification of critical issues regarding current financial flows mechanism from BIU to Non fund holders Health Network and Micro networks	San Martin				Completed
2.2.2.	<b>DIREAS in one priority region has formulated multi-year health investment plan</b>					
	<b>Central</b>					
2.2.2.1	TA to MOH to adjust conceptual and reference frameworks to be included in the methodological guidelines for the formulation of the multi-year health investment plan	Central	1	Completed		Completed
2.2.2.2	Elaboration of a methodological framework for the estimation of physical gap (infrastructure and equipment) to be included in the methodological guidelines for the formulation of the multi-year health investment plan	Central	1	Completed		Completed
2.2.2.3	Elaboration of technical parameters to be included in the methodological guidelines for the formulation of the multi-year health investment plan	Central	1	Completed		Completed

2.2.2.4	Ta to MOH (DGSP y DGIEM) to adjust technical parameters to be included in the methodological guidelines for the formulation of the multi-year health investment plan	Central				Advanced
2.2.2.5	TA to MOH to adjust methodological toolkit for the estimation of physical gap (infrastructure and equipment) and prioritize investment health needs for the elaboration of a multi-year health investment plan	Central				Completed
2.2.2.6	Technical meetings with MOH to define activities/strategy toward the validation of a methodological guidelines for the estimation of physical gap regarding to the elaboration of a multi-year health investment plan	Central				Not initiated
3	<b>Health Information</b>					
3.1.1.	<b>National data quality standards are established or improved</b>					
	<b>Central</b>	Central				
3.1.1.1	TA to the MOH for the update of the medical procedures standards to be used in provider health information systems	Central		Advanced		Completed
3.1.1.2	TA to the MOH for the definition of the interoperability standards to be used in provider health information systems for the implementation of the universal health insurance	Central		Initial		Completed
3.1.2.	<b>Regional plans for improved collection, analysis, dissemination and use of information by hospitals/health micro networks have been approved and are implemented in three regions</b>					
	<b>Central</b>	Central				
3.1.2.1	Elaboration of methodology to design regional action plans	Central		Initial		Completed
3.1.2.2	Technical meetings with Health IT Committee	Central				Completed
3.1.2.3	Design of GalenHos-Primary Care (including micro-network)	Central		Intermediate		Completed
3.1.2.6	IT audit of hospital GalenHos to be migrated to a free access platform	Central		Intermediate		Completed
3.1.2.7	Migration of hospital GalenHos to a free access platform	Central		Initial		Intermediate
3.1.2.8	Design, development of new modules of GalenHos-Hospital (e.g. universal health insurance reports, pharmacy, etc.)	Central		Initial		Initial
3.1.2.9	Development of public investment prototype for the health provision information system for hospitals	Central				Completed
	<b>Ayacucho (Result region)</b>	Ayacucho				
3.1.2.17	Maintenance of GalenHos-Hospital	Ayacucho		Advanced		Completed
	<b>Cajamarca</b>	Cajamarca				
3.1.2.24	Training workshops to RHD IT team for the installation and operation of GalenHos-Hospital Care	Cajamarca		Advanced		Completed
	<b>Huanuco (Result region)</b>	Huanuco				
3.1.2.26	Identification of information needs at the provider level and RHD, SIS and MOH (national health strategies)	Huanuco		Completed		Completed
3.1.2.27	Diagnosis and proposal for the optimization of current flow of data between providers, micro-networks, networks, RHD, and SIS	Huanuco		Completed		Completed
3.1.2.28	Rapid assessment of the provider health information infrastructure	Huanuco		Completed		Completed
3.1.2.29	TA for the formulation of Regional Plans for the modernization of the health provision information system	Huanuco		Advanced		Completed



3.1.2.30	Technical meeting with RHD, Hospital Directors to design implementation plan of GalenHos-Hospital	Huanuco				Completed
3.1.2.31	TA for the development of public investment Project for the health provision information system for hospitals	Huanuco				Completed
	<b>San Martin (Result region)</b>	San Martin				
3.1.2.41	Training workshops to RHD IT team for the installation and operation of GalenHos-Hospital Care	San Martin		Intermediate		Intermediate
4	<b>Health Workforce</b>					
R.4.1.	<b>A broad-based regional system for planning and managing the health workforce designed, approved and implemented</b>					
4.1.1.	<b>Dialogue between experts and policy makers to design civil service policies in the health sector</b>					
	<b>Central</b>	Central				
4.1.1.2	Technical meetings with MOH in order to identify national experts and establish a technical team	Central		Advanced		Completed
4.1.1.3	Technical meetings with MOH in order to develop meetings/events to discuss a proposal of civil service policies	Central		Initial		Completed
4.1.2.	<b>Design and validation of broad-based system for planning health workforce has taken place in one region</b>					
	<b>Central</b>	Central				
4.1.2.1	Technical meetings with MOH and RG to coordinate guidelines for HHR planning	Central		Completed		Completed
4.1.2.2	Elaboration of methodology to define the quantity and distribution of HR for level of care	Central		Intermediate		Advanced
	<b>Ayacucho</b>					
4.1.2.10	Technical meetings with RHD in order to define a technical team to identify the gap in HR	Ayacucho				Completed
4.1.2.11	Training to collect data for the HHR planning methodology	Ayacucho				Advanced
4.1.2.12	Data collection for the HHR planning methodology	Ayacucho				Advanced
	<b>San Martin (Result region)</b>					
4.1.2.24	Training to collect data for the HHR planning methodology	San Martin				Advanced
4.1.2.25	Data collection for the HHR planning methodology	San Martin				Intermediate
4.1.3.	<b>Design and validation of regional human resources management system has taken place in one region</b>					
	<b>Central</b>					
4.1.3.1	Technical meetings with SERVIR and MOH in order to define key sub-systems for HHR management system and align it to national policies	Central		Completed		Completed
4.1.3.2	Technical meetings with MOH in order to define a proposal of functions for each level in order to implement the HHR management system	Central		Initial		Completed
	<b>Huanuco</b>	Huanuco				
4.1.3.6	Workshop(s) with the regional committee to design and validate a proposal of the HHR management system and procedures manual	Huanuco				Completed
	<b>San Martin (Result region)</b>					

4.1.3.10	Workshop(s) with the regional committee to design and validate a proposal of the HHR management system and procedures manual	San Martin		Initial		Completed
4.1.1.	<b>Development of job competences profile for network and micro network management team and a system for the evaluation and supervision of competencies, designed and validated in two regions</b>					
	<b>Central</b>	Central				
4.1.1.1	Technical meetings with MOH and SERVIR to define methodology and procedures to design management competencies	Central		Completed		Intermediate
	<b>San Martin (Result region)</b>					
4.1.1.16	Workshop(s) to define managerial competencies profile for DIRESA	San Martin		Advanced		Completed
4.1.1.17	Technical meetings with DIRESA to define key managerial competencies	San Martin		Advanced		Completed
4.1.1.18	Workshops to define performance standards for key managerial competencies	San Martin		Initial		Completed
5	<b>Medical Products, Vaccines and Technologies</b>					
5.1.	<b>Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards</b>					
5.1.1	<b>Design and validation of the methodology to plan and forecast needs for pharmaceuticals and supplies according to PEAS in one region</b>					
	<b>Central</b>	Central				
5.1.1.1	Technical meetings with DIGEMID to coordinate activities	Central		Initial		Advanced
5.1.1.2	Consistency analysis between the National Pharmaceutical List (Petitorio) and PEAS requirements	Central		Initial		Completed
5.1.1.3	Design a methodology to forecast and program needs of pharmaceutical products and medical supplies consistent with the PEAS, the portfolio of services in the networks and their population characteristics.	Central				Intermediate
	<b>Apurimac (Result region)</b>	Apurimac				
	TA to manage pharmaceutical procurement contracts	Apurimac		Initial		Advanced
	<b>Ayacucho</b>	Ayacucho				
5.1.1.10	Update of the regional essential drugs lists by levels of care	Ayacucho		Advanced		Completed
5.1.1.11	Reactivation and operation of the Regional Pharmaceutical Committee	Ayacucho		Completed		
	<b>San Martin (Result region)</b>	San Martin				
5.1.1.17	Update of the regional essential drugs lists by levels of care	San Martin		Initial		Initial
5.1.1.18	Reactivation and operation of the Regional Pharmaceutical Committee	San Martin		Initial		Initial
5.1.1.19	Validation of methodology to forecast and program needs of pharmaceutical products	San Martin				Initial
5.1.2.	<b>Regional plan to improve drug logistics system to ensure the quality and availability of pharmaceuticals has been approved and is being implemented in one region</b>					
	<b>Apurimac (Result region)</b>	Apurimac				

5.1.2.5	TA to decentralize the distribution to micro networks according with the new design developed by the region and governance component	Apurimac		Advanced		Advanced
5.1.2.6	TA to RHD to monitor regional action plans for the improvement of quality and availability (including warehouses and distribution network)	Apurimac				Completed
	<b>Cusco</b>	Cusco				
5.1.2.13	TA to improve the distribution system to health facilities	Cusco		Intermediate		Intermediate
	<b>Huanuco</b>	Huanuco				
5.1.2.15	TA to RHD to develop/update regional action plans for the improvement of quality and availability (including warehouses and distribution network)	Huanuco		Advanced		Completed
	<b>San Martin (Result region)</b>	San Martin				
5.1.2.21	TA to improve logistic process and procedures	San Martin				Advanced
5.1.2.22	TA to improve the distribution system to health facilities	San Martin		Intermediate		Advanced
5.1.2.24	TA to RHD to develop/update and monitor regional action plans for the improvement of quality and availability (including warehouses and distribution network)	San Martin				Advanced

## 4. Planned Activities January-December 2011

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
	<b>Project Management</b>					
	<b>Project planning, monitoring and reporting</b>					
	Coordination with MOH and regions					
	Presentation of work plan with key Regional Government counterparts					
	Presentation of work plan with key MOH counterparts					
	Presentation of work plan with key national partners					
	Presentation of work plan with key regional partners					
	Quarterly monitoring meetings with staff					
	Elaboration of quarterly progress reports					
	Elaboration of annual reports					
	<b>Overall Project deliverables</b>					
D 1.	Technical report of policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding the universal health insurance pilots					
D 2.	Overall report on activities under the five Outcomes of the Task Order during the period, addressing their effect on the improvement of maternal - perinatal and child health and proposing benchmarks and strategies for future interventions					
D 3.	Overall report on activities under the five Outcomes of the Task Order during the period, addressing their effect on the improvement of FP/RH and proposing benchmarks and strategies for future interventions					
1	<b>Health Governance</b>					
	<b>Deliverables</b>					
D 1.1.	Report on the results of dialogues with political parties regarding the health agenda					
D 1.2	Report on the process of health decentralization, including activities undertaken, and recommendations for future strategic action to strengthen and expand decentralization of the health sector					
D 1.3	Report containing the decentralized management model for selected national health priority, including activities undertaken, and recommendations for implementation					
D 1.4	Report on the progress made regarding reorganization and revised functioning of the RHD, in the framework of a revised model of primary health care					
D 1.5	Report containing the assessment of the Municipal Incentive Program in three regions, including activities undertaken, and recommendations for improvement					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
1.1.	<b>Strengthen and expand decentralization of the health sector</b>					
1.1.1.	<b>Health sector issues have been debated publicly in the political transition at the national and regional level</b>					
	<b>Central</b>					
1.1.1.1	TA to Coordination Committee of national political parties to promote dialogue regarding the health agenda					
1.1.1.2	Support to the Coordination Committee to monitor progress of the agreements in health					
1.1.1.3	Support to the Coordination Committee for the organization of workshops and meetings to discuss key health issues					
1.1.1.4	Systematization and dissemination of the results of policy dialogue					
	<b>Ayacucho</b>					
1.1.1.5	Support to the Coordination Committee to monitor progress of the agreements in health					
	<b>Cusco</b>					
1.1.1.6	Support to the Coordination Committee to monitor progress of the agreements in health					
	<b>Huánuco</b>					
1.1.1.7	Support to the Coordination Committee to monitor progress of the agreements in health					
	<b>San Martin</b>					
1.1.1.8	Support to the Coordination Committee to monitor progress of the agreements in health					
1.1.2	<b>New health authorities and officials receive key information and policy advice regarding the decentralization process</b>					
	<b>New health authorities and officials receive key information and policy advice regarding the decentralization process</b>					
1.1.2.1	Elaborate systematization of the health decentralization process					
1.1.2.2	Publication of policy briefs					
1.1.2.3	Dissemination of policy briefs (Meetings and other)					
1.1.2.4	Participation of public fora, seminars, etc. by invitation					
1.1.2.5	Meetings with key actors to promote discussion of health decentralization process: going forward					
1.1.2.6	Executive summaries to new health administration regarding health decentralization					
	<b>Apurimac</b>					
1.1.2.7	Executive summaries to new health administration regarding health decentralization					
	<b>Ayacucho</b>					
1.1.2.8	Executive summaries to new health administration regarding health decentralization					
	<b>Cusco</b>					
1.1.2.9	Executive summaries to new health administration regarding health decentralization					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
	<b>Huánuco</b>					
1.1.2.10	Executive summaries to new health administration regarding health decentralization					
	<b>San Martin</b>					
1.1.2.11	Executive summaries to new health administration regarding health decentralization					
	<b>Ucayali</b>					
1.1.2.12	Executive summaries to new health administration regarding health decentralization					
<b>1.1.3.</b>	<b>The intergovernmental health coordination body has agreed on, approved and is implementing a health agenda</b>					
	<b>Central</b>					
1.1.3.1	TA to the Technical Secretariat of the ANGR during the Regional Government transition stage					
1.1.3.2	TA to the Technical Secretariat of the REMURPE/AMPE during the Local Government transition stage					
1.1.3.3	TA to the Technical Secretariat of ANGR to define an institutionalization strategy of the health component					
1.1.3.4	TA to ANGR to define and advocate a regional health agenda					
1.1.3.5	TA to ANGR to elaborate technical proposals related to regional health agenda					
1.1.3.6	TA to REMURPE/AMPE to define and advocate local health agenda					
1.1.3.7	TA to REMURPE/AMPE to formulate proposals for the health of local governments					
1.1.3.8	TA to MOH to organize and facilitate meetings of the IHC					
1.1.3.9	TA to ANGR to facilitate agreements between Regional Health Directors and MOH for the IHC					
1.1.3.10	TA to REMURPE/AMPE to facilitate agreements between Local Government, Regional Government and MOH for the IHC					
1.1.3.11	TA to MOH for the discussion of key issues with IHC work groups					
1.1.3.12	TA to ANGR for the discussion of key issues with IHC work groups					
1.1.3.13	TA to ANGR to participate in the National Technical Implementation Committee (CTIN) and Secretariat (SETEC)					
1.1.3.14	TA to ANGR to participate in work groups of the Secretariat (SETEC)					
1.1.3.15	Workshops to discuss the health functions matrix for local governments with ANGR, AMPE and REMURPE					
1.1.3.16	Technical assistance to the MOH Decentralization Office for the presentation and approval of the health functions matrix for local governments in the Intergovernmental Health Commission					
1.1.3.17	Elaboration of technical proposal for health functions transference to local governments					
1.1.3.18	Workshops to discuss the local health decentralization plan between three government levels					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
<b>1.1.4</b>	<b>The MOH has designed and validated a decentralized management model for key national health priorities, including family planning and reproductive health</b>					
	<b>Central</b>					
1.1.4.1	Promotion of technical discussion regarding MOH stewardship role among experts					
1.1.4.2	Workshops to discuss MCH health evidence based planning methodology (SPECTRUM)					
1.1.4.3	Stakeholder analysis regarding a decentralized management model for public health priorities (FP/RH)					
1.1.4.4	Constitution of public health work group					
1.1.4.5	Workshop with MOH to identify critical issues regarding the decentralized management model of public health					
1.1.4.6	Elaboration of concept paper on decentralized management model of public health					
1.1.4.7	Workshops with key actors to review international experiences regarding public health management in decentralized contexts					
1.1.4.8	Support to public health workgroup to design the decentralized management model of public health					
<b>1.1.5</b>	<b>RHD and health networks in one priority region have been reorganized and modernized to carry out their new functions under decentralization</b>					
	<b>Central</b>					
1.1.5.1	Elaboration of operational guideline for the delimitation of health networks and micro networks					
1.1.5.2	Technical meetings for the revision and approval of operational guidelines for the delimitation of health networks and micro networks					
1.1.5.3	TA to MOH Decentralization Office in the revision and validation of regional M&E tools (MED Salud)					
	<b>Apurimac (Result region)</b>					
1.1.5.4	Workshops to identify the charter of services of the micro networks					
1.1.5.5	Workshops for organizational design of micro networks					
1.1.5.6	Elaboration of the technical proposal of Organization By-laws of Health Networks (Micro networks)					
1.1.5.7	Workshops for revision of Organization By-laws of Health Networks (Micro networks)					
	<b>Cusco</b>					
1.1.5.8	Workshops for the organizational design of RHD					
1.1.5.9	Elaboration of technical proposal for Regional Health Directorate organizational redesign					
1.1.5.10	TA to Regional Government in order to approve Regional Health Directorate organizational redesign					
1.1.5.11	Workshops for organizational design of Health Networks and Micro networks					
	<b>Huánuco</b>					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
1.1.5.12	Workshops for delimitation of Health Networks and Micro networks					
1.1.5.13	Workshops for organizational design of Health Networks and Micro networks					
1.1.5.14	Elaboration of a technical proposal of Organization By-laws of Health Networks and Micro networks					
1.1.5.15	Workshops for revision of Organization By-laws of Health Networks and Micro networks					
	<b>San Martin (Result region)</b>					
1.1.5.16	Technical meeting and workshop with Regional Health Directorate to revise and monitor reorganization plan					
1.1.5.17	Elaboration of Regional Health Directorate internal organizational documents (Organization Manuals, Personnel Assignment Cadres) in key units					
1.1.5.18	Design of an investment Project prototype for regional institutional modernization and TA to Regional Health Directorate for its application					
1.1.5.19	TA to Regional Health Directorate for constituting, functioning and strengthening of health networks and micro network					
1.1.5.20	TA to the Regional Health Directorate to validate and apply regional Health Decentralization M&E tools					
<b>1.1.6.</b>	<b>The MEF and MOH have validated an incentive program to foster results in prioritized health programs through coordination between health services and local governments</b>					
	<b>Central</b>					
1.1.6.1	Systematization of the budgeting process implemented by Regional Government and Local Government addressing the reduction of infant chronic malnutrition					
1.1.6.2	Technical meetings with MOH/DGPS and MEF/Europen to define joint programming strategy in selected regions addressing the reduction of infant chronic malnutrition					
1.1.6.3	Technical meetings with MCLCP/PAN, REMURPE, ANGR to involve them in the following up of the joint programming strategy addressing the reduction of infant chronic malnutrition					
	<b>Ayacucho</b>					
1.1.6.4	Technical meetings with new key actors (RG/Regional Health Directorate and Local authorities) to inform scope of the Local Incentive Program and the importance of a joint programming strategy					
1.1.6.5	Workshop with new Regional Government and local authorities to reach political agreements regarding the implementation of Local Incentive Plan					
1.1.6.6	Joint programming workshops with Regional Government and local authorities: Diagnosis and evaluation of health targets included in the Local Incentive Plan					
1.1.6.7	Joint programming workshops with Regional Government and local authorities: Budgeting exercises addressing the reduction of infant chronic malnutrition					
1.1.6.8	Joint programming workshops with Regional Government and local authorities: Follow up of budgeting of preventive health interventions at the local level.					
	<b>Cusco</b>					
1.1.6.9	Technical meetings with key actors (Regional Government/Regional Health Directorate and Local authorities) to inform scope of the Local Incentive Program					
1.1.6.10	Workshop with Regional Government and local authorities to reach political agreements regarding the implementation of Local Incentive Plan					



	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
1.1.6.11	<b>Huánuco (Result region)</b>					
1.1.6.12	Technical meetings with key actors (Regional Government/Regional Health Directorate and Local authorities) to inform scope of the Local Incentive Program					
1.1.6.13	Workshop with Regional Government and local authorities to reach political agreements regarding the implementation of Local Incentive Plan					
	<b>San Martin</b>					
1.1.6.14	Technical meetings with new key actors (Regional Government/Regional Health Directorate and Local authorities) to inform scope of the Local Incentive Program and the importance of a joint programming strategy					
1.1.6.15	Workshop with new Regional Government and local authorities to reach political agreements regarding the implementation of Local Incentive Plan					
1.1.6.16	Joint programming workshops with Regional Government and local authorities: Diagnosis and evaluation of health targets included in the Local Incentive Plan					
1.1.6.17	Joint programming workshops with Regional Government and local authorities: Budgeting exercises addressing the reduction of infant chronic malnutrition					
1.1.6.18	Joint programming workshops with Regional Government and local authorities: Follow up of budgeting of preventive health interventions at the local level.					
	<b>Ucayali</b>					
1.1.6.19	Technical meetings with new key actors (Regional Government/Regional Health Directorate and Local authorities) to inform scope of the Local Incentive Program and the importance of a joint programming strategy					
1.1.6.20	Workshop with new Regional Government and local authorities to reach political agreements regarding the implementation of Local Incentive Plan					
1.1.6.21	Joint programming workshops with Regional Government and local authorities: Diagnosis and evaluation of health targets included in the Local Incentive Plan					
1.1.6.22	Joint programming workshops with Regional Government and local authorities: Budgeting exercises addressing the reduction of infant chronic malnutrition					
1.1.6.23	Joint programming workshops with Regional Government and local authorities: Follow up of budgeting of preventive health interventions at the local level.					
<b>1.2.</b>	<b>Develop and implement national and regional anticorruption plans for the health sector</b>					
<b>1.2.1.</b>	<b>One Regional Health Directorate has approved health sector anticorruption plan</b>					
	<b>Huánuco</b>					
1.2.1.1	TA to Regional Government to elaborate Anticorruption Plan in Health					
<b>2</b>	<b>Health Insurance and Financing</b>					
	<b>Deliverables</b>					
D 2.1.	Report on policies and regulations taken by the national health authority regarding health financing and insurance					
D 2.2	Report on the process of health insurance, including activities undertaken, and recommendations for future strategic action to strengthen and expand the health insurance reform					
D 2.3	Technical report on health financing reform and strategy to ensure health financing reform developed with broad participation and gain wide public support					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
D 2.4	Report on policies, regulations, and programmatic actions taken by regional and national governments regarding health financing					
D 2.5	Technical report on validated methodology to formulate and implement a Multi Year Health Investment Plan at the regional level					
2.1.	<b>Activity 2.1: Improve health coverage of poor and vulnerable populations</b>					
2.1.1	<b>The MOH has revised the clinical content and standard costing of the Essential Health Insurance Plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB related health services</b>					
2.1.1.1	TA to MOH to update pharmaceutical components related to the clinical content of PEAS					
2.1.1.2	TA to MOH to update standard costing of PEAS					
2.1.1.3	TA to MOH to elaborate report containing recommendations for modifications of the PEAS legal norm					
2.1.1.4	TA to MOH to define functions and procedures related to PEAS analysis and periodic update					
2.1.1.5	TA to MOH to validate the functions and procedures related to PEAS analysis and periodic update					
2.1.1.6	TA to MOH to constitute organic unit in charge of PEAS analysis					
2.1.1.7	TA to develop Operation manual of the procedures related to PEAS analysis and update					
2.1.2	<b>New health authorities and officials receive key information and policy advice regarding strategic action to strengthen and expand the health insurance reform</b>					
2.1.2.1	Elaborate systematization of the health insurance reform process					
2.1.2.2	Elaborate description of technical design of health insurance reform process					
2.1.2.3	Publication of policy briefs					
2.1.2.4	Dissemination of policy briefs (Meetings and other)					
2.1.2.5	Participation of public fora, seminars, etc. by invitation					
2.1.2.6	Elaborate systematization of positions of key actors regarding health insurance reform					
2.1.2.7	Meetings with key actors to promote discussion of health insurance reform: going forward					
2.1.2.8	Executive summaries to new health administration regarding health insurance reform					
	<b>Apurimac</b>					
2.1.2.9	Executive summaries to new health administration regarding health insurance reform					
	<b>Ayacucho</b>					
2.1.2.10	Executive summaries to new health administration regarding health insurance reform					
	<b>Cusco</b>					
2.1.2.11	Executive summaries to new health administration regarding health insurance reform					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
	<b>San Martin</b>					
2.1.2.12	Executive summaries to new health administration regarding health insurance reform					
	<b>Ucayali</b>					
2.1.2.13	Executive summaries to new health administration regarding health insurance reform					
2.1.3	<b>The MOH has designed a health financing reform to ensure financing of the health sector as required by the universal health insurance</b>					
	<b>Central</b>					
2.1.3.1	Publication of working document Fiscal Space					
2.1.3.2	Elaboration of a technical report on Health Financial Reform					
2.1.3.3	Workshops with key actors to discuss contents of the technical report					
2.1.3.4	Technical assistance to MOH for discussion of the technical report					
2.1.3.5	Publication of technical report on Health Financial Reform					
2.1.3.6	Public dialogue /Advocacy regarding the technical report					
2.1.3.7	TA to MOH to elaborate report of the design of the M&E framework of UHI					
2.1.3.8	TA to MOH to present report of the design of the M&E framework to key actors					
2.1.3.9	TA to MOH to collect data for the estimation of baseline indicators of UHI					
2.1.3.10	TA to MOH to analyze and report data of baseline indicators of UHI					
	<b>Apurimac</b>					
2.1.3.11	Workshop with Regional Government, Regional Health Directorate and CTIR members to define work plan					
	<b>Ayacucho</b>					
2.1.3.12	Workshop with Regional Government, Regional Health Directorate and CTIR members to define work plan					
	<b>Cusco</b>					
2.1.3.13	TA to the Regional Health Directorate and CTIR in the analysis of financial gaps for UHI implementation					
2.1.3.14	TA to the Regional Health Directorate and CTIR in the elaboration of UHI implementation plan					
2.1.3.15	Workshop with RG, Regional Health Directorate and CTIR members to define work plan					
	<b>San Martin</b>					
2.1.3.16	TA to Regional Government and Regional Health Directorate for the identification of effective interventions for child survival and reduction of malnutrition (SPECTRUM)					
2.1.3.17	TA to Regional Government and Regional Health Directorate for the identification of effective charter of primary health care services in pilot network associated to child survival (2011-2012)					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
2.1.3.18	TA to Regional Government and Regional Health Directorate for the budget estimation of selected services and interventions for child survival and reduction of malnutrition					
2.1.3.19	TA to Regional Government and Regional Health Directorate for the formulation of a strengthening plan of child malnutrition surveillance mechanism					
2.1.3.20	TA to Regional Government and Regional Health Directorate for the formulation of a child survival program - collective health interventions					
2.1.3.21	TA to Regional Government and Regional Health Directorate for the formulation of a child survival program - individual health insured services					
2.1.3.22	TA for the implementation of the child survival program and health insurance reform.					
<b>2.2.</b>	<b>Activity 2.2: Ensure efficiency and equity in health resource allocation</b>					
<b>2.2.1</b>	<b>The MOH (SIS) has designed a new payment mechanism for primary health care providers to introduce efficiency and equity incentives and ensure that payments to local health providers are timely</b>					
2.2.1.1	TA to MOH and SIS to develop proposal of new payment mechanism for primary health level care					
2.2.1.2	Technical meetings with MOH/SIS and MEF to discuss new payment mechanisms for primary health care level					
	<b>San Martin</b>					
2.2.1.3	Technical meeting with Regional Government and Regional Health Directorate to discuss new payment mechanism for primary health care level					
2.2.1.4	Identification of effective charter of primary health care services in pilot network					
2.2.1.5	Costing of effective charter of primary health care services in pilot network					
2.2.1.6	Estimation of per capita financial requirements					
2.2.1.7	Elaboration of proposal of agreement between Regional Government and SIS					
2.2.1.8	Elaboration of implementation plan of the new payment mechanism					
2.2.1.9	Elaboration of the supervision plan of the new payment mechanism					
<b>2.2.2</b>	<b>Regional plan for improved management of health financial flows has been approved and is being implemented in one region</b>					
	<b>Central</b>					
2.2.2.1	Elaboration of methodological guideline to collect information regarding critical procedures of financial flows from BU to Non fund holders Health Network and Micro networks					
	<b>Ayacucho (Result region)</b>					
2.2.2.2	Identification of critical issues regarding current financial flows mechanism from BIU to Non fund holders Health Network and Micro networks					
2.2.2.3	Collection of information of current financial flows within the BU to Non fund holders Health Network and Micro networks					
2.2.2.4	Workshops with Regional Health Directorate and Networks and Micro Networks to redesign financial flows					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
2.2.2.5	Approval of technical proposal of financial flows by Regional Government					
2.2.2.6	TA to Regional Health Directorate for the elaboration of the Operation Manual and implementation plan of financial flows					
	<b>San Martin (Result region)</b>					
2.2.2.7	Technical meeting with Regional Government and Regional Health Directorate to present initial findings					
2.2.2.8	Collection of information of current financial flows within the BU to Non fund holders Health Network and Micro networks					
2.2.2.9	Workshops with Regional Health Directorate and Networks and Micro Networks to redesign financial flows and identification of critical control points					
2.2.2.10	Approval of technical proposal of financial flows by Regional Government					
2.2.2.11	TA to Regional Health Directorate for the elaboration of the Operation Manual and implementation plan of financial flows					
	<b>Ucayali (optional)</b>					
2.2.2.12	Technical meeting with Regional Government and Regional Health Directorate to present work proposal					
2.2.2.13	Collection of information of current financial flows within the BU to Non fund holders Health Network and Micro networks					
2.2.2.14	Workshops with Regional Health Directorate and Networks and Micro Networks to redesign financial flows and identification of critical control points					
2.2.2.15	Approval of technical proposal of financial flows by RG					
2.2.2.16	TA to Regional Health Directorate for the elaboration of the Operation Manual and implementation plan of financial flows					
2.2.3	<b>RHD in one priority region has formulated multiyear health investment plan</b>					
	<b>Central</b>					
2.2.3.1	TA to MOH (DGSP y DGIEM) to adjust technical parameters to be included in the methodological guidelines for the formulation of the multi-year health investment plan					
2.2.3.2	TA to MOH to adjust methodological toolkit for the estimation of physical gap (infrastructure and equipment) and prioritize investment health needs for the elaboration of a multi-year health investment plan					
2.2.3.3	Technical meetings with MOH to define activities/strategy toward the validation of a methodological guidelines for the estimation of physical gap regarding to the elaboration of a multi-year health investment plan					
2.2.3.4	Technical meetings with MOH and MEF to discuss methodology of formulation of the multi-year health investment plan					
2.2.3.5	Technical meetings with MOH and MEF to adjust norms regulating health investment					
2.2.3.6	Elaboration of guidelines for rapid assessment of critical issues regarding current investment management procedures in Regional Government, Regional Health Directorate and BU					
2.2.3.7	Elaboration of methodological guideline to collect information regarding critical investment management procedures in RG, Regional Health Directorate and BU					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
	<b>Apurimac</b>					
2.2.3.8	Technical meetings with Regional Government and Regional Health Directorate to discuss and adjust the methodological guidelines for the formulation of a multi-year health investment plan at the regional level					
2.2.3.9	Workshop on the methodology of multi-year investment plan to members of the Planning Division of RHD					
2.2.3.10	Workshops with Regional Government and Regional Health Directorate for the estimation of physical gaps for the implementation of PEAS at regional level					
	<b>San Martin (Result region)</b>					
2.2.3.11	Technical meetings with Regional Government and Regional Health Directorate to discuss and adjust the methodological guidelines for the formulation of a multi-year health investment plan at the regional level					
2.2.3.12	Workshop on the methodology of multi-year investment plan to members of the Planning Division of RHD					
2.2.3.13	Workshops with Regional Government and Regional Health Directorate for the estimation of physical gaps for the implementation of PEAS at regional level					
2.2.3.14	Workshops with Regional Government and Local Government to prioritize health investments needs					
2.2.3.15	TA to Regional Health Directorate for the elaboration of multi-year investment plan					
<b>3</b>	<b>Health Information</b>					
	<b>Deliverables</b>					
D 3.1.	A report of policies, regulations and programmatic actions taken by national and regional governments regarding registry, use and dissemination of reliable data for decision making related to integrated health and to MCH, FP/RG, HIV/AIDS and TB.					
3.1.	<b>The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in six regions</b>					
3.1.1.	<b>National data quality standards are established or improved</b>					
	<b>Central</b>					
3.1.1.1	Technical support to the MOH for the conformation of the Implementing group of the Standard of Inter-operability HL7					
3.1.1.2	Technical attendance to the MOH for the design of the Development plan of standard of Interoperability for the affiliation of users of AUS					
3.1.1.3	Technical attendance to the MOH for the development of the Standard of Interoperability for the purchase and sale of tie services to AUS					
3.1.1.4	Migration of SEEUS to free Platform					
3.1.2.	<b>Regional plans for improved collection, analysis, dissemination, and use of information by health micro networks have been approved and implemented in three regions</b>					
	<b>Central</b>					
3.1.2.1	Development and validation of the prototype of GalenHos-Primary Care (including micro-network)					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
3.1.2.2	Development of GalenHos-Primary Care V1					
3.1.2.3	IT audit of hospital GalenHos to be migrated to a free access platform					
3.1.2.4	Migration of hospital GalenHos to a free access platform					
3.1.2.5	Migration of GalenHos Hospital to platform Web					
3.1.2.6	Design, development of new modules of GalenHos-Hospital (e.g. universal health insurance reports, pharmacy, etc.)					
3.1.2.7	Audit of additional Modules of GalenHos Hospital developed by Clients					
3.1.2.8	Update of GalenHos Hospital with new Modules (HC It consults External, Room Operations)					
3.1.2.9	Design of plan of Monitoring of GalenHos (Hospital and first level)					
3.1.2.10	GalenHos maintenance Hospital					
3.1.2.11	GalenHos maintenance first level					
3.1.2.12	Design of GalenHos - Regional Health Directorate with emphasis in Indicators of Maternal Management in Infantile, PF/SSR, HIV/SIDA y TBC					
3.1.2.13	Development of public investment prototype for the health provision information system for hospitals					
3.1.2.14	Development of public investment prototype for the health provision information system for micro network					
3.1.2.15	Design of Blog for the sensitization and induction in the handling of GalenHos Hospital					
3.1.2.16	Design of Blog for the sensitization and induction in the handling of GalenHos First Level					
3.1.2.17	Courses to Implementers de GalenHos (Hospital and first level)					
	<b>Ayacucho (Result region)</b>					
3.1.2.18	Update of needs of Information of the Regional Health Directorate from GalenHos Hospital and GalenHos first level with emphasis in Infantile Maternal Health, PF/SSR, HIV/SIDA y TBC					
3.1.2.19	Rapid assessment of the provider health information infrastructure					
3.1.2.20	TA for the formulation of Regional Plans for the modernization of the health provision information system					
3.1.2.21	TA for the development of public investment Project for the health provision information system for hospitals					
3.1.2.22	TA for the development of public investment Project for the health provision information system in selected networks					
3.1.2.23	Maintenance of GalenHos-Hospital					
3.1.2.24	Validation of prototype GalenHos-Primary Care (including installation, training, customization)					
3.1.2.25	Training workshops to Regional Health Directorate IT team for the installation and operation of GalenHos-Hospital Care					
3.1.2.26	Training workshops to Regional Health Directorate IT team for the local configuration of GalenHos-Hospital database					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
3.1.2.27	Training workshops to Regional Health Directorate IT team for the installation and operation of GalenHos-Primary Care					
3.1.2.28	Training workshops to Regional Health Directorate IT team for the local configuration of GalenHos-Primary care database					
3.1.2.29	Monitoring of GalenHos (Hospital)					
	<b>Cajamarca</b>					
3.1.2.30	Training workshops to Regional Health Directorate IT team for the local configuration of GalenHos-Hospital database					
3.1.2.31	Monitoring of GalenHos (Hospital)					
	<b>Cusco</b>					
3.1.2.32	Technical meeting with RHD, Network Managers to design implementation plan of GalenHos-Primary Care					
3.1.2.33	TA for the development of public investment Project for the health provision information system for Primary Care					
3.1.2.34	Training workshops to Regional Health Directorate IT team for the installation and operation of GalenHos-Primary Care					
3.1.2.35	Training workshops to Regional Health Directorate IT team for the local configuration of GalenHos-Primary care database					
	<b>Huánuco (Result region)</b>					
3.1.2.36	Training workshops to Regional Health Directorate IT team for the installation and operation of GalenHos-Hospital Care					
3.1.2.37	Training workshops to Regional Health Directorate IT team for the local configuration of GalenHos-Hospital database					
3.1.2.38	Training workshops to Regional Health Directorate IT team for the installation and operation of GalenHos-Primary Care					
3.1.2.39	Training workshops to Regional Health Directorate IT team for the local configuration of GalenHos-Primary care database					
3.1.2.40	Monitoring of GalenHos (Hospital)					
	<b>San Martin (Result region)</b>					
3.1.2.41	Update of needs of Information of the Regional Health Directorate from GalenHos Hospital and GalenHos first level with emphasis in Infantile Maternal Health, PF/SSR, HIV/SIDA y TBC					
3.1.2.42	Diagnosis and proposal for the optimization of current flow of data between providers, micro-networks, networks, RHD, and SIS					
3.1.2.43	Rapid assessment of the provider health information infrastructure					
3.1.2.44	TA for the formulation of Regional Plans for the modernization of the health provision information system					
3.1.2.45	Validation of prototype GalenHos-Primary Care (including installation, training, customization)					
3.1.2.46	Training workshops to Regional Health Directorate IT team for the installation and operation of GalenHos-Hospital Care					



	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
3.1.2.47	Training workshops to Regional Health Directorate IT team for the local configuration of GalenHos-Hospital database					
3.1.2.48	Training workshops to Regional Health Directorate IT team for the installation and operation of GalenHos-Primary Care					
3.1.2.49	Training workshops to Regional Health Directorate IT team for the local configuration of GalenHos-Primary care database					
3.1.2.50	Monitoring of GalenHos (Hospital)					
	<b>Ucayali (optional)</b>					
3.1.2.51	Rapid assessment of the provider health information infrastructure					
3.1.2.52	TA for the formulation of Regional Plans for the modernization of the health provision information system					
<b>4</b>	<b>Health Workforce</b>					
	<b>Deliverables</b>					
D 4.1.	Report of policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding human resources for health.					
<b>4.1.</b>	<b>Activity 4.1: Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.</b>					
<b>4.1.1.</b>	<b>Dialogue between experts and policy makers to design civil service policies in the health sector</b>					
	<b>Central</b>					
4.1.1.1	Technical assistance to MOH in policy dialogue for Health Care Path (Focus in the first level of care)					
<b>4.1.2.</b>	<b>Design and validation of broad based system for planning health workforce has taken place in one region</b>					
	<b>Central</b>					
4.1.2.1	Technical meetings with MOH and Regional Government to coordinate guidelines for HHR planning					
4.1.2.2	Elaboration of methodology to define the quantity and distribution of HR for level of care.					
4.1.2.3	Adjustment of ASEGURA to estimate human resources for the implementation of UHI					
4.1.2.4	Technical meetings to define a procedure to calculate the gap in HR at the first level of care					
4.1.2.5	Design a proposal of guidelines and procedures to define action plans and monitor plan to fill the gap.					
	<b>Ayacucho</b>					
4.1.2.6	Training to collect data for the HHR planning methodology					
4.1.2.7	Data collection for the HHR planning methodology					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
4.1.2.8	Workshops with regional technical team to define the gap in HR to implement PEAS and define strategies and action plans to fill the gap in HHR					
4.1.2.9	Technical assistance to incorporate part of the gap in HHR in the regional budget					
4.1.2.10	Technical meetings with regional team to monitor the implementation of action plans.					
	<b>San Martin (Result region)</b>					
4.1.2.11	Training to collect data for the HHR planning methodology					
4.1.2.12	Data collection for the HHR planning methodology					
4.1.2.13	Workshops with regional technical team to define the gap in HR to implement PEAS and define strategies and action plans to fill the gap in HHR					
4.1.2.14	Technical meetings with regional team to monitor the implementation of action plans.					
4.1.3.	<b>Design and validation of regional human resources management system has taken place in one region</b>					
	<b>Central</b>					
4.1.3.1	Technical meetings with SERVIR and MOH in order to define key sub-systems for HHR management system and align it to national policies					
4.1.3.2	Technical meetings with MOH in order to define a proposal of functions for each level in order to implement the HHR management system					
4.1.3.3	Develop of a methodology to design an implementation plan for the system (roadmap)					
	<b>Huánuco</b>					
4.1.3.4	Workshop(s) with the regional committee to design and validate a proposal of the HHR management system and procedures manual					
	Workshops with networks and micro networks to identify and prioritize HHR problems and define processes of the system to implement					
4.1.3.5	Workshop(s) to design an implementation plan for the HHR management system for the process that has been prioritized					
4.1.3.6	Technical meetings with RHD, networks and micro networks to adjust management documents to the functions defined in the HHR management system					
	<b>San Martin (Result region)</b>					
4.1.3.7	Workshop(s) with the regional committee to design and validate a proposal of the HHR management system and procedures manual					
4.1.3.8	Workshop(s) to design an implementation plan for the HHR management system for the process that has been prioritized					
4.1.3.9	Workshop(s) to design an implementation plan for the HHR management system for the process that has been prioritized					
4.1.3.10	Technical meetings with Regional Health Directorate, networks and micro networks to adjust management documents to the functions defined in the HHR management system					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
4.1.3.11	Technical meetings with Regional Government and Regional Health Directorate to approve HHR management system					
4.2.1.	<b>Development of job competencies profiles for health managers and systems for evaluation of competencies and supervision designed and validated in one region</b>					
	<b>Central</b>					
4.2.1.1	Technical meetings with MOH and SERVIR to define methodology and procedures to design management competencies					
4.2.1.2	Technical meetings with MOH to coordinate the design of a proposal of a system for the evaluation and supervision of competencies at the regional level.					
4.2.1.3	Technical meetings with MEF and MOH to include strategies for the development of managerial competencies at all levels in PMI					
	<b>Ayacucho (Result region)</b>					
4.2.1.4	Workshop(s) to define managerial competencies profile for Regional Health Directorate / network / micro network					
4.2.1.5	Technical meetings with Regional Health Directorate to define key managerial competencies					
4.2.1.6	Workshops to define performance standards for key managerial competencies					
4.2.1.7	Workshops to design competencies evaluation tools for key managerial competencies					
	<b>Huánuco</b>					
4.2.1.12	Workshop(s) to define managerial competencies profile for Regional Health Directorate					
4.2.1.13	Technical meetings with Regional Health Directorate to define key managerial competencies					
4.2.1.14	Workshops to define performance standards for key managerial competencies for Regional Health Directorate					
4.2.1.15	Workshops to design competencies evaluation tools for key managerial competencies for Regional Health Directorate					
	<b>San Martin (Result region)</b>					
4.2.1.16	Technical meetings with networks to define key managerial competencies					
4.2.1.17	Workshops to define performance standards for key managerial competencies for Regional Health Directorate					
4.2.1.18	Workshops to define performance standards for key managerial competencies for Networks					
4.2.1.19	Workshops to design competencies evaluation tools for key managerial competencies for Regional Health Directorate					
4.2.1.20	Workshops to design competencies evaluation tools for key managerial competencies for Networks					
4.2.1.21	Workshops to define a competency evaluation and supervision system at the regional level					
5	<b>Medical Products, Vaccines and Technologies</b>					
	<b>Deliverables</b>					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
D 5.1.	Report on policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding pharmaceutical and supply chain management systems.					
5.1.	<b>Activity 5.1: Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards</b>					
5.1.1	<b>Design and validation of the methodology to plan and forecast needs for pharmaceuticals and supplies according to PEAS in one region</b>					
	<b>Central</b>					
5.1.1.1	Technical meetings with DIGEMID to coordinate activities					
5.1.1.2	Design a methodology to forecast and program needs of pharmaceutical products and medical supplies consistent with the PEAS, the portfolio of services in the networks and their population characteristics.					
5.1.1.3	Validation with DIGEMID of methodology to forecast and program needs of pharmaceutical products					
5.1.1.4	Adjustment of ASEGURA to forecast needs for pharmaceuticals					
5.1.1.5	Elaborate operational guideline to forecast and plan needs for pharmaceuticals and supplies					
5.1.1.6	TA DARES / DIGEMID to improve National Corporate Purchase processes (framework agreement)					
	<b>Apurimac (Result region)</b>					
5.1.1.7	Validation of methodology to forecast and program needs of pharmaceutical products					
5.1.1.8	TA to Regional Health Directorate to strengthen the capacities of regional and local networks to plan and forecast drug requirements					
	<b>Ayacucho</b>					
5.1.1.9	Validation of methodology to forecast and program needs of pharmaceutical products					
5.1.1.10	TA to Regional Health Directorate to strengthen the capacities of regional and local networks to plan and forecast drug requirements					
5.1.1.11	TA to Regional Health Directorate to estimate pharmaceutical budget and prepare its annual procurement plan.					
	<b>San Martin (Result region)</b>					
5.1.1.12	Validation of methodology to forecast and program needs of pharmaceutical products					
5.1.1.13	TA to Regional Health Directorate to strengthen the capacities of regional and local networks to plan and forecast drug requirements					
5.1.1.14	TA to Regional Health Directorate to estimate pharmaceutical budget and prepare its annual procurement plan.					
5.1.2.	<b>Regional plan to improve drug logistics system to ensure the quality and availability of pharmaceuticals has been approved and is being implemented in one region</b>					
	<b>Central</b>					

	Project Components, Activities and Sub-Activities	Qr 1 -2011		Qr 2 -2011	Qr 3 -2011	Qr 4 -2011
		Jan 1st - 23rd	Rest of Qr 1 - 2011			
5.1.2.1	Technical meetings with DIGEMID/DARES to coordinate activities					
	<b>Apurimac (Result region)</b>					
5.1.2.2	Implementation of the Distribution Centers of medicines and supplies (CDMI)					
5.1.2.3	Implement proposal developed by the Regional Health Directorate for regional distribution (Abancay)					
5.1.2.4	TA to Improve processing and transmitting medicines information					
5.1.3.5	TA to Regional Health Directorate to monitor regional action plans for the improvement of quality and availability					
	<b>Ayacucho</b>					
5.1.3.6	TA to Regional Health Directorate to monitor regional action plans for the improvement of quality and availability					
5.1.3.7	TA to develop and implement a proposal to improve distribution system to health facilities					
5.1.3.8	TA to improve logistic process and procedures					
	<b>Cusco</b>					
5.1.3.9	TA to Regional Health Directorate to monitor regional action plans for the improvement of quality and availability					
5.1.3.10	TA to improve the distribution system to health facilities					
	<b>Huánuco</b>					
5.1.3.11	TA to Regional Health Directorate to monitor regional action plans for the improvement of quality and availability (including warehouses and distribution network)					
5.1.3.12	TA to improve warehouse management and Good storage practices					
5.1.3.13	TA to improve the distribution system to health facilities					
5.1.3.15	<b>San Martin (Result region)</b>					
5.1.3.16	TA to improve logistic process and procedures					
5.1.3.17	TA to Preparation of manual processes (MAPRO) on regional flows prepared for drug delivery					
5.1.3.18	TA to improve the distribution system to health facilities					
	<b>Ucayali (optional)</b>					
5.1.3.19	Quick assessment of pharmaceutical products supply and quality assurance at the regional and local levels					
5.1.3.20	TA to Regional Health Directorate to develop/update regional action plans for the improvement of quality and availability (including warehouses and distribution network)					

## 5. Problems encountered

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No problems were encountered during this quarter, but the challenge to continue implementing regional activities in a context of both regional and municipal authorities. Although most of regional staff serving at the different offices of the RHD are stable as an employee, their positions could change if their appointment is not supported by a nominated position in the staff cadre. Moreover, it is expected that all directors, even second level directors can be removed from their current positions because they are considered “based in confidence” positions. In that sense, many authorities were focused in the transition requirements related with the elaboration of reports, rather than in continuing implementing business as usual.

The Project could overcome this challenge by supporting the authorities during the transition, providing them with the information required on the issues related with the Project. And because, many of the Project activities were included in the official operating plans of the RHD, and were being implemented at the network level, activities continued without facing any relevant problem.

In the **adjustment of PEAS** list and costing matrix, the Project faced a big overload of work both of our consultants and of the DGSP`s team while making the consistency of PEAS. To avoid this periodic overload, it`s necessary to implement a institutionalization`s process of the PEAS`s like a regular activity of the MOH.

In the **promotion of political parties` dialogue** on health, the Project faced a very intense process that has taken longer time than it was initially Projected. In this sense, the national campaign has a limited available time to develop many subjects and to expand the time for the consensus construction`s process.

## 6. Proposed Solutions to New Problems

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Due to the political and administrative transition period both at the Regional and Local levels of government, as well as at the National level, substantial efforts will be made to document the progress made by the health decentralization process and the universal health insurance implementation. Project staff will prepare and disseminate policy briefs and executive summaries regarding key topics related to the five Project components.

The next quarter will start new regional authorities assuming their government positions starting January 2011. The Project regional advisors will introduce to health authorities main Project advances and look for the alignment of Project strategies to the new RG plans.

In the area of political parties at the national level, activities will be focused on facilitating the fourth health agreement regarding two main national policy areas: Human Workforce and Non Transmittable Diseases, which is expected to be finalized in February.

## 7. List of Upcoming Events

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### Health Governance

- Consensus's document about non communicable diseases. January 6th
- Consensus's document about health's human resources and next steps in the APPS. January 13th
- ANGR regional president's transference. January 26–27
- Intergovernmental Health Committee (IHC) meeting with new RHD. February 4-5.

### Health Financing

- Technical meetings to validate updated PEAS. January.
- Technical meetings to define probabilities' estimation of PEAS's diagnosis. January/February
- Technical meetings to estimate costs of PEAS. January/February.



### **PAHO**

In Human Resources component, the Project is maintaining close coordination with PAHO, particularly in the harmonization of technical assistance, so we can make more efficient the support we provide to the MOH.

### **SERVIR**

Under the agreement signed with SERVIR, the Project has held meetings to exchange experiences, and SERVIR has provided technical documents that are under development, so it can be used as a framework for the work we are performing at national and regional levels.

### **ILO (International Labor Organization)**

In the second meeting of the “Latin American Network of people management skills and sustainable organizations”, held in Santiago de Chile and organized by ILO, the Project presented the experience developed in San Martín in the definition of management competencies. Based on these country developments, ILO's advisers were interested in developing the strategy SIMAPRO (System of Measurement and Improvement for Productivity) in health, in an area of Peru. The conditions for this support are: a) the explicit interest of a national or regional authority and b) adherence to ILO principles (decent work, social dialogue, etc). San Martín Diresa was interested in this support and is awaiting the political decision of the Regional Government.

### **Co funding**

In Human Resources component, taking into account the Health Care Path road map designed with the Ministry of Health, most of the activities were financed by the MOH and PAHO; the Project provided technical assistance in the organization and development of these activities and in the design of technical documents which were presented by national authorities. Besides, the Project and the MOH defined researches to calculate the gap in human resources, the Project wrote the research profiles and the MOH is funding the the consultancy to develop 2 of these investigations.

## Appendix

